IMPACT
oral surgery

TEXT AND EMAIL POLICY

Impact Oral Surgery can email and/or text you appointment reminders and general information about our services. If you would like to receive communications via email or text in the future, please read and sign the consent attached below.

Consent to Email and/or Text Message for Appointment Reminders and Other Communications:

You may be contacted via email and/or text messaging to remind you of an appointment, to obtain feedback on your experience with our team, and to provide general treatment reminders and information about our products and services. By signing below, you consent to receiving appointment reminders and other communications/information via email or text from our practice sent to any email address or phone number you provide to us. Any email or text messages we send may not be encrypted or otherwise protected and could be intercepted by a third party. By executing this consent, you assume the risk that information contained in any such communication will be intercepted. We will not charge you for sending texts or emails, but chargers from your carrier may apply. I understand that this request to receive emails and/or text messages will apply to all future appointment reminders and communications sent by our practice until I request a change in writing.

Patient Name _____ Guardian Name (if patient is a minor) _____

Communication Preference (Please Circle One) **Email** **Text**

Signature _____ Date_____

NON-DISCRIMINATION POLICY

DISCRIMINATION IS AGAINST THE LAW

Impact Oral Surgery complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Impact Oral Surgery does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Impact Oral Surgery:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

-Qualified sign language interpreters

-Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

-Qualified interpreters

-Information written in other languages

If you need these services, contact Paul D. McNiel, Director of Dental Operations.

If you believe that Impact Oral Surgery has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Paul D. McNiel, Director of Dental Operations, 610 Clinton Ave. Little Rock, AR, 72201. 501-259-8331. paul.mcniel@rockdentalbrands.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Paul D. McNiel, Director of Dental Operations is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Offie for Civil Rights, electronically through the Offce for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

JOHN BATSON, DDS

501.408.4774

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NON-DISCRIMINATION POLICY, CONTINUED

Translation services are available in the following languages:

አማርኛ
ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-844-313-7625.

العربية
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-313-7625 رقم

中文
注意：如果 使用繁體中文，可以免費獲得語言援助服務。請致電 1-844-313-7625

Oromiffa
XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-313-7625.

فارسی
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما 1-844-313-7625 تماس بگیرید.

Français
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-313-7625.

Deutsche
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-313-7625.

ગુજરાતી
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-313-7625.

हिंदी
ध्यान दें: यदि आप हिंदी बोलते है तो आपके लिए मुफ्त मे भाषा सहायता सेवाएं उपलब्ध है। 1-844-313-7625.

Hmong
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-844-313-7625.

日本語
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-313-7625。

한국어
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-313-7625.

ลาว
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-844-313-7625

Marshallese
LALE: Ñe kwōj kōnono Kajin Ṃajōḷ, kwomaroñ bōk jerbal in jipañ ilo kajin ṇe aṃ ejjeḷọk wōṇāān. Kaaḷọk 1-844-313-7625.

Pennsylvania Dutch
Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-844-313-7625.

português
ATENÇÃO: Se fala português, encontramse disponíveis serviços linguísticos, grátis. Ligue para 1-844-313-7625.

русский
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-313-7625.

Srpsko-hrvatski
OBAVJEŠTENJE: Ako govorite srpskohrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-844-313-7625.

Español
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-313-7625.

pilipino
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-313-7625.

Tiếng Việt
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-313-7625.

By signing below, I agree that I have read and understand Impact Oral Surgery's Non-Discrimination Policy.

Signature of Patient/Parent/Guardian _____ Date _____

JOHN BATSON, DDS

501.408.4774

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