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In accordance with the HIPAA Privacy Act, we must procure your permission to provide you with appointment reminders. **Please check all that apply**. If you do not wish to respond, this office will not be permitted to provide a reminder of any type. Thank you.

The office of Dr. Jennifer Koch has my permission to: Leave a message on my home answering machine Leave a message with a family member Leave a message at my workplace [include number] Leave a message on my work voicemail Leave a message on my cell phone [include number] Text me on my cell phone [include number] In case of an emergency while you are in our office, please designate the name and number of whom you wish us to contact. Signature: ____ Children under the age of 18: