

NOTICE OF PRIVACY PRACTICES PATIENT ACKNOWLEDGMENT FORM

Our Notice of Privacy Practices ("Notice") provides information about: (1) the privacy rights of our patients; and (2) how we may use and disclose protected health information about our patients.

Federal regulations require that we give our patients or their authorized representatives our Notice before signing this acknowledgment.

By signing this form, you are acknowledging that you have been offered or reviewed our Notice.

Your name and any children you will be signing for – Please PRINT

Signature of Patient or Authorized Representative Date

Authority of above representative – please check one

____ Parent ____ Guardian ____ Other _____

*****PLEASE READ*****

As a courtesy reminder our office may leave a message (voice, text or email) on telephone numbers and/or email given to us. We also send a reminder postcard the month before your cleaning and check up which reminds you of the date and time of your appointment. To opt out of this due to privacy concerns, *please write your concern below and SPEAK TO A MEMBER OF OUR STAFF.*

We were unable to get a signature today, but our policy is clearly stated in our waiting room.

Staff Initials