



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

I, _____, have received a copy of this office's Notice of Privacy Practices. Furthermore, I give permission for O'Connor Dental Care to release information regarding my account, appointments, and/or care to listed individual(s). These individuals are in addition to any information need to release regarding the payment of my dental bills to third parties.

Patient's Name (Print) _____ Date _____

Signature _____

Guardian (if under legal age) _____

Guardian Signature _____

FOR OFFICIAL USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

____ Individual refused to sign

____ Communication barriers prohibited obtaining the acknowledgement

____ An emergency situation prevented us from obtaining acknowledgement

____ Other _____



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