

Privacy Practices Acknowledgement

I have received the Notice of Privacy Practices, and I have been provided an opportunity to review it.

Name _____ DOB _____

Signature of Patient _____

Signature of Parent/Guardian _____

Date _____

NOTICE: Gentle Dentistry, P.A. has made every effort to ensure the privacy of our Internet system; however, we do not guarantee that Internet communications are completely confidential. Information over the Internet will only be sent to your insurance company, any specialist you will be seeing, and upon your request, another Doctor. If you do not want your records sent over the Internet, please revoke this authorization in writing.