

THE DENTIST

SANDY SPRINGS CENTER

Receipt of our Notice of Privacy Practices

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by mail or in person at our office.

By signing below, you acknowledge that you have read and/or received a copy of our Notice of Privacy Practices on the date indicated below.

Patient(s) Name(s): _____

Patient/Responsible Party Signature: _____

Date: _____

You may share my dental treatment and account information with the following people:

_____ Other medical professionals that I may be referred to
(Initial)

_____ My spouse
(Initial)

_____ My parents (recommended if you are insured under a parent's
(Initial) health plan)

Other: _____
