



**Port Royal Oral Surgery, P.A.**  
**Simons Hane Jr., DMD**

**Notice of Privacy Practices**

As required by law, all medical/dental offices have to inform you in writing of information concerning privacy issues and concerns.

**\*\*This office provided the opportunity for me to read the notice concerning patient's private matters.\*\***

By signing this form you enable our office to discuss any medical/dental information or financial matters with your parent, guardian, spouse, and/or insurance company. This includes the billing of insurance companies on your behalf.

\_\_\_\_\_  
**Signature of Patient/Guardian**

\_\_\_\_\_  
**Date**

*\*\*This form will expire one year from the date of the signature, unless otherwise specified. You may refuse to sign this acknowledgement.\*\**

\*\*\*\*\*

**FOR OFFICE USE ONLY**

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

- 1. Individual refused to sign
- 2. Communication barrier
- 3. An emergency situation prevented us from sharing this information
- 4. Other

Explain: \_\_\_\_\_

If signature was refused, this office requires two signatures:

1. \_\_\_\_\_

2. \_\_\_\_\_