

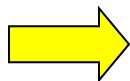
Port Royal Oral and Facial Surgery

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.

****You may refuse to sign this acknowledgement****

This office posted and gave me the opportunity to read this office's notice concerning patient's private matters.



_____ please **Initial** to 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.

Date

Signature

This form will expire one year from the date of the signature, unless otherwise specified

THANK YOU!!

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. _____