

Isle Family Dentistry

Acknowledgement of Receipt of Notice of Privacy Practices

You May Refuse to Sign This Acknowledgement

This acknowledgment of notice and consent authorizes Isle Family Dentistry to use health information about you for treatment, payment, and healthcare purposes. You may review our current notice prior to signing this acknowledgment and consent at www.islefamilydentistry.com.

If you would like to receive a personal copy of the Privacy Notice, please request one at the time of your appointment.

I hereby acknowledge that I received a copy of this Notice of Privacy Practices. I further acknowledge that a current notice is posted in the reception area, on the back of our clip board, and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Signed: _____ Date: _____

Print Name: _____

If under 18 Years of age (Parent Signature):

_____ Date: _____