

Notice of Privacy Practices

Acknowledgement

I have read the **O'Leary Dental Office** consent policy and agree to its terms. I am also acknowledging I have received a copy of the privacy notice required by law (Notice of Privacy Practices)

_____ X _____
Printed Name Patient/Representative Patient's Signature

Authorized Provider Representative Signature

Date

Relationship to the Patient as Representative

Name of Family Member's or Individuals that Dr. O'Leary or the Office Manager may speak to on your behalf re: dental care or Insurance :

Name: _____ Relationship to you: _____
PHONE #: () _____

Name: _____ Relationship to you: _____
PHONE #: () _____

