

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)

Printed Name Patient/Representative

Authorized Provider Representative

Signature

Date

Date

Relationship to the Patient as Representative



O'Leary Dental Office
2004 W Court Street
Janesville, WI 53548