

ARNETT DENTAL CARE

1405 Dudley Drive
Murray, KY 42071
270-753-6327

Notice of Privacy Practices Receipt Acknowledgement

I have been presented with a copy of Arnett Dental Care's Notice of Privacy Practices, detailing how my health information may be use and disclosed as permitted under federal and state law. I understand the contents of the notice.

Patient Name _____ Date of Birth _____ Signature of Patient or Guardian _____

Date _____

Please list the family members and or other persons, if any, whom we may inform about your general dental condition and your diagnosis (including treatment, payment and dental care)

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Please list the family members and or other persons, if any, whom we may inform about your dental condition **ONLY IN AN EMERGENCY:**

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Please list the telephone number(s) where you want to receive calls about your appointments, x-rays, or other dental care

Can confidential messages (appointment information) be left on your answering machine?

_____ Yes _____ No