



FAMILY DENTISTRY

Karla J. Boyd, DDS
8415 North 125th East Avenue
Owasso, OK 74055
918-272-0031

Acknowledgement of Receipt of Notice of Privacy Practices

I may refuse to sign this acknowledgement.

I have been offered and/or received a copy of Boyd Family Dentistry's Notice of Privacy Practices.

I understand that my PHI (Protected Health Information) can and will be used for purposes of treatment and for payment from both myself and/or third party. I understand that I may request a copy of the privacy practices at any time.

Patient

Patient Date of Birth

Print Name

Relationship to Patient

Signature

Date

**This acknowledgement expires 3 years from initial signature date listed above.

**This acknowledgement expires when the patient reaches age 18 on: _____

**This acknowledgement expires with a change in insurance coverage.