

Wolff Family Dentistry

Acknowledgement of Notice of Privacy Practices

Dear Valued Patients,

Here at Wolff Family Dentistry we are determined to keep your information private. Below we would like you let us know whom we are allowed to speak with in regards to your accounts and procedures here at our office. This Notice of Privacy Practice is part of a Governmental Requirement. If you would like more information regarding "Protected Health Information" please feel free to ask one of our staff members to provide you with this information.

Please fill out the information below and print and sign your name with the date to acknowledge that you have been offered and/ or recieved a copy of our Notice of Privacy Practices. Thank you.

1. May we call you to confirm appointments & mail reminder postcards?
(please cirlice one)

Yes No

2. Is there anyone you will authorize us to release your information to?

Name	Relationship to You	Phone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Print Your Name: _____

Child's Name (if under 16) _____

Signature _____

Date _____