

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I have received a copy of this office's Notice of Privacy Practices.

Signature _____ Date _____

I authorize Oakdate Dental Associates, P.C. to release any and all information concerning my dental care to the following individuals:

Name: _____ Patient's Signature: _____

Relationship to patient: _____ Date: _____

Name: _____ Patient's Signature: _____

Relationship to patient: _____ Date: _____