BUCHANAN FAMILY DENTISTRY
Aaron Buchanan, DDS
400 Fairview Avenue, Suite 2
Ponca City, OK 74601
580-304-7590

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 Buchanan Family Dentistrys' 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 policies at any time.

_____
Please Print Patient Name

_____
Parent / Guardian Signature

_____
Date

Expiration -- 3 Years from Initial Signature: _____
Date

Expiration -- Change In Insurance Coverage

Expiration -- Patient reaches the age of 18: _____
Date of Age 18