

Bristol Park Dental

RECEIPT OF NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT FORM

On occasion, parents, guardians, spouses and other relatives are involved in the care of patient(s). Please list any other person(s) who may inquire about/discuss the patient's protected health information, for example: treatment and insurance.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I hereby acknowledge that I received the Notice of Privacy Practices from Bristol Park Dental, which sets forth the ways in which my personal health information may be used or disclosed by Bristol Park Dental, and outlines my rights with respect to such information.

Patient's name (please print)

Signature of Patient/Guardian

Date: _____

CANCELLATION POLICY FOR ALL PATIENTS PLEASE READ AND SIGN

Each hour in the dental chair is expensive to maintain and staff. We are happy to reschedule your appointment if you call us at least a day in advance. **If we don't hear from you at least 24 hours before the appointment, that hour is your responsibility. There will be a \$42 fee for missed appointments.**

Patients with Medicaid insurance: Medicaid Patients will not be charged a fee for missed appointments. However, **patients who have missed an appointment without at least 24 hours' notification will not be reappointed.**

I have read and understood the Cancellation Policies

Signature of Patient or Responsible Party Date