

Dental Surgical Arts of Tulsa

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Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: _____ Date: _____

1. *I may refuse to sign this acknowledgement.*
2. *Along with this form, I have been given a copy of Dental Surgical Arts of Tulsa's "Notice of Privacy Practices" to review in relation to completing this form.*
3. *I may request a paper copy of Dental Surgical Arts of Tulsa's "Notice of Privacy Practices."*

I understand that my Protected Health Information ("PHI") 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 privacy policies at any time.

This form will remain in effect while I am a patient at Dental Surgical Arts of Tulsa or this form will expire by one of the following events:

- I complete a new Acknowledgement of Receipt of Notice of Privacy Practices form which will void and replace any prior dated forms.
- I present a written request to expire any and all prior forms.
- I have not had an appointment at the practice within a five-year period from my last appointment.

As described in Dental Surgical Arts of Tulsa's Notice of Privacy Practices: This notice is to inform you that your personal health information is only used for the purposes of treatment in our facility, coordination of treatment with your physician or dental care provider, and to obtain payment with your insurance or third party payor and will not be misused or disclosed by or to anyone outside of our practice. You may gain access to this information if you desire. **In relation to this notice, I give Dental Surgical Arts of Tulsa permission to discuss personal health information with the following individuals:**

Name / Relationship / Phone

_____	/	_____	/	_____
_____	/	_____	/	_____
_____	/	_____	/	_____
_____	/	_____	/	_____

Patient Signature:
