

**Bandon Coastal Dental, LLC
Andrew J. Oas, DMD**

**Notice of Privacy Practices
Patient Acknowledgement**

Patient Name: _____ Date of Birth: _____

I have received this practice's Notice of Privacy Practices written in plain language. The Notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all protected health information resident at, or controlled by, this practice. I understand I can obtain this practice's current Notice of Privacy Practices on request.

Consent to share information regarding treatment and financial arrangements:

I, _____, give my permission to share information concerning:

- My dental treatment
- The cost and financial arrangements for my dental treatment
- My personal health information
- Other _____

I give my permission to share the above noted information with the following:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I _____, **DO NOT** give my permission to share any information regarding my treatment, financial arrangements or personal health information with the exception of what is outlined in the Bandon Coastal Dental, LLC Notice of Privacy Practices. Initials: _____

Signed: _____ Date: _____

Witnessed: _____ Date: _____

Relation to patient (if signed by a personal representative of patient): _____