



3720 Cunningham Road
Knoxville, TN 37918
(865)922-7469

Acknowledgment of Receipt of Notice Of Privacy Practices

I, _____ have reviewed my copy of Halls Family Dentistry's Notice of Privacy Practices.

Patient name

Signature

Date

I give permission to Halls Family Dentistry to leave messages regarding my dental appointment, and/or discuss my dental care (including treatment, payments, insurance information) in the following manner.

- ☐ May ONLY leave information with me and not anyone else.
- ☐ May leave general questions/information/account information with my family.

If option checked above, please list name of individual we may give information to:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____