



Acknowledgement of Access to Privacy Policy

I acknowledge that I reviewed a copy of Ridgecrest Dental's Notice of Privacy Practices.

Patient Name: _____

Patient Signature: _____

Date: _____

I authorize the following people access to my dental records:

1. Name: _____

Relationship: _____

2. Name: _____

Relationship: _____

Please provide us with your preferred pharmacy information:

Name: _____

Address: _____

Phone Number: _____

How would you like your appointments confirmed?

1. Home #: _____ Leave message: yes no

2. Work #: _____ Leave message: yes no

3. Cell #: _____ Leave message: yes no

4. E-mail address: _____