

MICHAEL W. DAVIS, DMD
Marble, North Carolina

PATIENT PRIVACY ACKNOWLEDGEMENT

I have been given a copy of the Notice of Privacy Practices for this office that became effective April 14, 2003. The following people have my permission to discuss with Dr. Davis or his staff, anything pertaining to my treatment (including fees):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature of Patient or Representative

Date

Print Name

Relationship of Representative to Patient

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

