



PERIODONTICS & DENTAL IMPLANTS

COMPREHENSIVE, INNOVATIVE, ESTHETIC SOLUTIONS

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**\*\*You may refuse to sign this acknowledgement\*\***

I have received and reviewed a copy of the privacy, security and breach notification policies and procedures. I understand that I should ask *Frost Periodontics & Dental Implants* Privacy Official if I have any questions about these policies and procedures.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE LIST BELOW ANY INDIVIDUALS WHO MAY BE GIVEN BILLING/DENTAL INFORMATION**

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**ACKNOWLEDGEMENT OF OFFICE POLICIES**

- Accounts not paid within arranged terms are subject to a 16% annual finance charge and late fee up to \$10.
- A \$50 late cancellation / no show fee will be charged for failure to cancel an appointment with at least 48 hours-notice.

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For Office Use Only

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

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify):