**DEAN O TODD DDS**

**7134 S. Yale Ave., Ste 100**

**Tulsa, Oklahoma 74136**

**918-493-2444**

**ACKNOWLEDGEMENT OF RECEIPT OF**

**NOTICE OF PRIVACY PRACTICES**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

***I may refuse to sign this acknowledgement.***

**I have been offered and / or received a copy of Dr Dean Todd’s Notice of Privacy Practices.**

I understand that my PHI (Protected Health Information) can and will be used for purposes of treatment and for payment from both myself and/or third party. I understand that I may request a copy of the privacy policies at any time.

**Expiration -- 3 Years from Initial Signature; Insurance Change;**

**Patient reaches age of 18**

I consent for the office of Dr. Dean Todd to share my personal information with the following: (family, friends, etc.)

Name / Relationship / Phone

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

 Patient Parent Guardian / Other