Fletcher Family Dentistry
235 Saint John Road Suite 110 ☙ Fletcher, NC ☙ 28732 ☙ Phone: 828.654.7450 ☙ Fax 828.654.8665

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Your signature below indicates that you have received a copy of Fletcher Family Dentistry's Notice of Privacy Practices.

_____ _____

Please Print Name **Date of Birth**

Verbal Communication Release

Many times, our patients may want us to verbally communicate with a friend or family member about scheduled appointments, treatment, and finances. Please list below any friends or family members whom you authorize us to discuss your dental care or financial information with. I understand that Fletcher Family Dentistry is not responsible for the information provided as long as it is given to a person that is listed below.

*Date of Birth must be provided so that our office can verify that we are speaking to the correct person. *

_____	_____	_____
Name (Printed)	Date of Birth	Relationship
_____	_____	_____
Name (Printed)	Date of Birth	Relationship
_____	_____	_____
Name (Printed)	Date of Birth	Relationship

☐ I do **NOT** authorize Fletcher Family Dentistry to release any of my protected medical/dental information to anyone.

_____ _____

Patient or Legally Authorized Individual (Signature) **Today's Date**