

# PRIVACY POLICY STATEMENT

FREEDMAN & SPOONT, P.A.  
21301 POWERLINE ROAD, SUITE 208  
BOCA RATON, FL 33433  
(561)482-8000

Please read this policy at your earliest convenience. You do not have to read it now. Please sign the acknowledgement below, that you have received this form.

## Consent and Acknowledgement of Receipt of Notice

I hereby acknowledge that I received a copy of this dental practice's Notice of Privacy Practices, and I authorize this office to use and disclose my (my child(ren)'s) health information for treatment, payment (billing my insurance company) and for healthcare operations.

### LIST NAMES OF ALL FAMILY MEMBERS WHO ARE CURRENT PATIENTS:

_____	_____
_____	_____
_____	_____

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

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

If not signed by the patient, please indicate.

- Relationship:
- parent or guardian of minor patient
  - guardian or conservator of an incompetent patient
  - beneficiary or personal representative of deceased patient
  - other: please state \_\_\_\_\_

### **For Office Use Only:**

↑ Signed form received by: \_\_\_\_\_

↑ Acknowledgment refused:

Efforts to obtain:

\_\_\_\_\_

\_\_\_\_\_

Reasons for refusal:

\_\_\_\_\_

\_\_\_\_\_