

# Atlee Family & Cosmetic Dentistry

A division of Central Virginia Dental Clinic

**Eliot W. Bird, D.D.S., F.A.G.D.**

## Acknowledgement of Receipt of Notice of Privacy Practices

\*You may refuse to Sign this Acknowledgement & Authorization\*

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices and I allow Dr. Bird and staff to discuss my dental record and financial account with the authorized person(s) listed below. This authorization can be revoked at any time with written notice.

1. \_\_\_\_\_ Relationship to Patient  
Name

2. \_\_\_\_\_ Relationship to Patient  
Name

3. \_\_\_\_\_ Relationship to Patient  
Name

4. \_\_\_\_\_ Relationship to Patient  
Name

5. \_\_\_\_\_ Relationship to Patient  
Name

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Patient

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OFFICE USE ONLY  
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If patient refused to sign, indicate reason why: \_\_\_\_\_