

Doctor Damian Stone, DDS, PhD, MS, BS

Tampa, FL

General and Prosthodontic Dentistry

www.DamianStone.com
OfficeManager@DamianStone.com

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

We endeavor to provide professional, thorough, quality care to our patients. To reduce the cost of billing the following privacy practices acknowledgement has been adopted.

We keep a record of the health care service that we provide you. You may ask to see and copy that record. You may also ask to correct that record. You may see your record or obtain more information about it by contacting our office. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. If you have any questions, please let us know. Thank you!

By my signature below, I acknowledge receipt of the
Notice of Privacy Practices Acknowledgement.

Signature of Patient

Date

Signature of legally authorized Responsible Party

Date

This form will be retained in your dental record.