

Landon C. Cansler DMD PLLC

430 West 20th Street
Newton, NC 28658
828-464-4722

Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of or had access to a Notice of Privacy Practices for the above named practice.

Print patient's name

Date of birth

Patient signature (if minor, parent signature)

Date

I allow you to discuss my clinical and financial information with (fill in name where applicable):

Spouse _____

Parent _____

Child _____

Other (specify relationship) _____