



APPLE DENTAL HEALTH SERVICES, P.C.

113-16 76th Rd. Forest Hills, NY 11376
Toll Free 1-888-83-APPLE (27753)

Patient's Name

First Name

Last Name

Initial

This is to acknowledge that I have read APPLE DENTAL HEALTH SERVICES, P.C. Notice of Privacy Practices.

Patient Signature

Date

INTERNAL USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign.
 Communication barriers prohibited obtaining the acknowledgement
 Other (please specify)

Signature of Staff

Date

If our office needs to call you with test results, appointment follow-ups, any reminders, etc, please advise us below where to try and reach you and if we can leave you a detailed message if you are not available to talk when we call. (i.e., - on answering machine at home, at work, do not leave a message, or just leave message to call our office, etc.)

Home Phone #

Cell Phone # (if applicable)

Permission to leave message on Answering Machine/Voice Mail YES NO

Permission to leave message with Family Members YES NO

Work Phone # (if applicable)

Permission to call work # YES NO

Other instructions