

**MIDTOWN DENTAL ARTS
JOHN J FONDER DMD
1444 South Norfolk Avenue
Tulsa, Oklahoma 74120
918-747-8802**

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

Patient Name: _____ Date: _____

I may refuse to sign this acknowledgement.

I have been offered and / or received a copy of Midtown Dental Arts' Notice of Privacy Practices.

I understand that my PHI (Protected Health Information) can and will be used for purposes of treatment and for payment from both myself and/or third party. I understand that I may request a copy of the privacy policies at any time.

**Expiration -- 3 Years from Initial Signature; Insurance Change;
Patient reaches age of 18**

I consent for the office of Dr John Fonder to share my personal information with the following: (family, friends, etc.)

Name / Relationship / Phone

_____ / _____ / _____

_____ / _____ / _____

Signature: _____

Patient

Parent

Guardian / Other