Gregory Bemis, DMD
General Dentist

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have been offered a copy of New Leaf Family Dental's Notice of Privacy Practices as required by federal law.

I hereby authorize New Leaf Family Dental to provide any insurance company (s), claim administrator (5) information concerning health care, advice, treatment or supplies provided. This information will be used exclusively for the purpose of evaluating and administering claims for benefits. I further authorize payment to New Leaf Family Dental and I agree that a photocopy or electronic copy of this authorization is a valid original.

___________________________________ ______________________________ ________________________

PATIENT NAME (Print) PATIENT NAME (Signature) DATE

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RESPONSIBLE PARTY (If different from Patient)