

Meadowview Family Dentistry  
1309 John B. Dennis Hwy  
Suite 104 Kingsport, TN 37660

Section A: The Patient.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Section B: Acknowledgement of Receipt of Privacy Notice.

I, \_\_\_\_\_, acknowledge that I have received a Notice of Privacy Practices from the above-named practice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If a person representative signs this authorization on behalf of the individual, complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

Signature.

I attest that the above information is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_