

Jessica Barr DDS PLLC

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: _____ DOB: _____

Cell: _____ email: _____

**Do you give our office permission to discuss your medical/dental
information with friends/family/spouse**

Yes

No

****If yes, please provide their name & phone number below**

Name: _____

Relationship: _____

Phone (day): _____

(Evening): _____

Name: _____

Relationship: _____

Phone (day): _____

(Evening): _____

Name: _____

Relationship: _____

Phone (day): _____

(Evening): _____

**May we leave personal medical/dental information on your answering
machine?**

Yes

No

Thank you for choosing Dr. Jessica Barr for your dental needs.

**We are required by law to provide you with a copy of our Notice of Privacy
Practices. To ensure that our records are accurate, please sign this form and return
it to our receptionist to acknowledge that you have been provided with a copy of our
Notice.**

Signature of Patient (or Legal Representative)

Date

Lynn A Jock
Signature of Staff Member

Comments: