

Please read the "Notice of Privacy Practices" (separate download) and then sign the acknowledgment below. Bring this signed form to the dental office on your first visit. Thank you.

## PRIVACY POLICY STATEMENT

*David J. Weiner, D.M.D., P.A.*

### Consent and Acknowledgement of Receipt of Notice

I hereby acknowledge that I have read this dental practice's **Notice of Privacy Practices**, and I authorize the office of David J. Weiner, D.M.D., P.A. to use and disclose my health information for treatment and payment (billing my insurance company and for healthcare operations)

Patient(s) Name \_\_\_\_\_

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

#### If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of incompetent patient
- Beneficiary or personal representative of deceased patient
- Other: Please indicate \_\_\_\_\_