

**Frederick J. Norfolk, DMD, LLC**  
**116 Water Street**  
**Milford, MA 01757**

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_ have received a copy of this office's Notice of Privacy Practices.

- May we call you at home regarding scheduling matters, etc.?    \_\_\_yes    \_\_\_no
- May we call you at work regarding scheduling matters, etc.?    \_\_\_yes    \_\_\_no
- May we call your cell phone to confirm appointments?    \_\_\_yes    \_\_\_no
- May we send you a text message to confirm appointments?    \_\_\_yes    \_\_\_no
- May we send you an email to confirm appointments?    \_\_\_yes    \_\_\_no

\_\_\_\_\_ home phone number  
\_\_\_\_\_ cell phone number  
\_\_\_\_\_ email address

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Patient/Parent Signature    \_\_\_\_\_  
Date    \_\_\_\_\_

**CONSENT TO DISCLOSE HEALTH INFORMATION**

**CONSENT TO SHARE MY PERSONAL HEALTH INFORMATION (age 18 and over)**

I consent to the use and disclosure of my protected health information to carry out treatment, payment activities and healthcare operations. **You may speak with the following people regarding my dental services, payments, account and insurance information:**

Name	Relationship	Date
_____	_____	_____

I understand that this consent to disclose may be revoked by me at any time by giving written notice of revocation to this office.

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