

**TULSA DENTAL GROUP
BENSON BATY DMD
7335 South Lewis, Suite 206
Tulsa, Oklahoma 74136
918-496-1051**

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

Patient Name: _____ Date: _____

I may refuse to sign this acknowledgement.

**I have been offered and / or received a copy of Tulsa Dental Group's
Notice of Privacy Practices.**

I understand that my PHI (Protected Health Information) can and will be used for purposes of treatment and for payment from both myself and/or third party. I understand that I may request a copy of the privacy policies at any time.

Expiration -- 3 Years from Initial Signature; Insurance Change; Pt reaches age of 18 _____

I consent for the office of Dr. Benson Baty to share my personal information with the following: (family, friends, etc.)

Name / Relationship / Phone

_____ / _____ / _____

_____ / _____ / _____

Signature: _____

Patient

Parent

Guardian / Other

