

**MIDTOWN DENTISTRY
Daniel J. Griffiths, DDS**

**3345 S. HARVARD, #102, Bldg. 100
Tulsa, Oklahoma 74135
918-743-8539**

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

I may refuse to sign this acknowledgement.

I have been offered and / or received a copy of Midtown Dentistry 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.

Please Print Name

Signature

Date

Expiration—3 years from Initial Signature: _____
Date

Expiration—Change in Insurance Coverage

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Date: _____

Signature: _____

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

Name	Relationship
1. _____	/ _____
2. _____	/ _____
3. _____	/ _____
4. _____	/ _____
5. _____	/ _____
6. _____	/ _____

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Please Print Patient Name

Signature of Patient or Guardian for Patient

Date

Expiration—3 years from Initial Signature: _____
Date

Expiration—Change in Insurance Coverage

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