

CRAFTON FAMILY DENTISTRY
Dr. Scott F. Crafton

Patient Information

Name: _____
Address: _____
Telephone: _____
Social Security Number: _____

Acknowledgment of Receipt of Notices of Privacy
Practice

I, _____, have received or requested a copy of this office's Notice of Privacy Practices.

Consent For Use & Disclosure of Health Information

I, _____, understand by signing this consent that Crafton Family Dentistry has the authority to disclose private health information to carry out treatment, payment activities, and health care operations.

Signature of Patient or Guardian

Date