

**DENTAL SURGICAL ARTS OF TULSA
WILLIAM BRENT BURCHARD, DDS
2902 South Pittsburg Avenue
Tulsa, Oklahoma 74114
918-748-8868**

**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 Dental Surgical Arts of Tulsa'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 William Brent Burchard to share my personal information with the following: (family, friends, etc.)

Name / Relationship / Phone

_____/_____/_____

_____/_____/_____

_____/_____/_____

Signature: _____