

**NATHAN D POWELL DDS PLLC
FOREFRONT DENTISTRY
5424 South Memorial Drive, Suite A
Tulsa, Oklahoma 74145
918-664-6845**

Patient Name: _____ Date: _____

- I have been offered and/or received a copy of the currently effective Notice of Privacy Practices for Forefront Dentistry.
- I may refuse to sign.
- Expiration: 3 years from initial/last signature; insurance change; patient reaches age of 18.

- I understand that I may request a copy of the privacy policies at any time.
- 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.

PLEASE LIST ANY OTHER PARTIES WHO CAN HAVE ACCESS TO YOUR DENTAL INFORMATION:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I AUTHORIZE CONTACT FROM THIS OFFICE TO **CONFIRM MY DENTAL APPOINTMENTS, TREATMENT & BILLING INFORMATION AND INFORMATION ABOUT MY DENTAL HEALTH VIA:**

- Message on: Home Phone Cell Phone Work Phone
- Email
- U. S. Mail / Postcard
- Any of the above

Please ***print*** your name

Please ***sign*** your name

Patient Parent Guardian Other: _____