



# Rice Family Dentistry<sup>LLC</sup>

810 Main Street, Winfield, KS 67156 620•221•7737

## Acknowledgement of Receipt of Notice of Private Policy.

**“You may refuse to sign this acknowledgement.”**

I, \_\_\_\_\_ have received a copy of this office’s  
Notice of Privacy Practices.

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

I, \_\_\_\_\_ give Rice Family Dentistry my permission to  
release any information pertaining to my dental health needs to:

\_\_\_\_\_ relationship to patient & phone # \_\_\_\_\_

\_\_\_\_\_ relationship to patient & phone # \_\_\_\_\_