

Notice of Our Privacy Practices

I give consent for myself and/or my family to receive postcards, newsletters, appointment reminders, emails, and/or phone calls about scheduled dental appointments or needed treatment. I also give permission to use my and/my family member's written, photographed, or video testimonials for educational purposes. I have received a full written description of Kingery & Kingery's privacy policy to review and I have no questions regarding this policy.

(Please Print Name)

(Signature)

(Date)

Office Use: We attempted to obtain a written acknowledgement of our Notice of Privacy Practices, but were unable to obtain this information due to:

- Individual refused to sign
 - An emergency situation prevent us from obtaining it
 - Communication barriers prohibited
 - Other (please specify) _____
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