

AFFORDABLE DENTURES-FRANKLIN PC

160 Holiday Place
Franklin, IN 46131

Ted Lewis, D.M.D

Due to the HIPPA Act of November 1, 2003 the following information MUST be filled out and maintained in your records at all times. ONLY the person or persons you authorize will be given your information.

I _____, authorize Affordable Dentures Franklin-PC to release my medical, dental, financial and /or appointment information to the following person or persons only, and their relationship to me:

Patient Signature: _____ Date: _____

Signature of the parent or guardian is required of all patients under the age of 18.

Parent/Guardian: _____ Date: _____

THIS ACKNOWLEDGES THAT I HAVE RECEIVED THE NOTICE OF PRIVACY PRACTICE.

I _____ have received a copy of the Notice of Privacy Practice from Affordable Dentures-Franklin PC.

X _____
Please sign here

X _____
Date

X _____
Witness signature