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PRIVACY POLICY ACKNOWLEDGEMENT

Acknowledgement of Receipt of Notice of Privacy Practices. You May Refuse To Sign This Acknowledgement.

This form acknowledges you have received our Notice of Privacy Practices. You can print this form, fill it out and fax it to 941-743-2988, mail it to our office, or bring it with you for your scheduled appointment. By submitting this form to Port Charlotte, FL Periodontist Carol W. Stevens, D.D.S., M.B.A. you are acknowledging you have received a copy of this office's Notice of Privacy Practices.

We value your privacy and want you to be informed of how we may use and disclose your protected health information. For specifics about our policies, read our Privacy Practices.

I acknowledge I have received a copy of the Notice of Privacy Practices from Carol W. Stevens, D.D.S., M.B.A. A copy of this signed and dated Acknowledgement shall be as effective as the original.

ACKNOWLEDGEMENT OF RECEIPT

Your full name: _____ (*required)

Patients name: _____ (if different from above)

Authorizing signature: _____ Date: _____ (*required)

By submitting this form, I am in full agreement with the terms stated above. If you have any questions about this form or the Notice of Privacy Practices, please contact our office.