



(580)596-3541 phone
jkofamilydentistry@gmail.com
www.jkofamilydentistry.com
204 Southgate
Cherokee, OK 73728

Contact Information For Protected Health Information

I, _____, Date of Birth: _____,
request that the following be followed for the disclosure of my Protected Health Information. Protected Health Information would include your name, diagnosis(es) tests results, dates of service.

Please Check All That Apply

- You may disclose information to my family members and/or non-family members. Please list name, phone number and relationship.

Name	Phone Number	Relationship

- You may leave Protected Health Information on my answering machine/voicemail/email.

Phone Number: _____

Email: _____

- Other: _____

- You may disclose insurance information to a referring dental office.

Patient's Signature: _____ Date: _____

Patient's Printed Name

Social Security Number

Patient's Signature (or Guardian, if minor)

Date

Witness (optional)

Date



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Notice Of Privacy Practices

You May Refuse to Sign This Acknowledgement

I, _____, have received a copy of JKO Family Dentistry's Notice of Privacy Practices.

Please Print Name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)

To be retained in patient's file.