

LAURIE L SOUTHARD, BS, MS, DDS
Diplomate of the American Board of Endodontics
5010 East 68th Street, Suite 104
Tulsa, Oklahoma 74136
918-493-3880

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I may refuse to sign this acknowledgement.

I have been offered and / or received a copy of Dr Laurie Southard's Notice of Privacy Practices.

I understand that my PHI (Protected Health Information) can and will be used for purposes of treatment and for payment from both myself and/or third party. I understand that I may request a copy of the privacy policies at any time.

Please Print Patient Name

Parent / Guardian Signature

Date

Expiration – 3 Years from Initial Signature: _____
Date

Expiration – Change In Insurance Coverage

Expiration – Patient reaches the age of 18: _____
Date of Age 18