

**OTEGO FAMILY DENTAL PC  
PATIENT POLICY ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_, hereby acknowledge that Otego Family Dental PC has provided me with a copy of their Office Policy's, HIPPA notice of private practices, and has addressed any questions that I have.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian or Legally authorized representative: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Otego Family Dental pc to release any and all medical and or scheduling information that pertain to me, to the following individuals:

Name: \_\_\_\_\_ Relationship to pt.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to pt.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to pt.: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Note: It is your right to refuse to sign this acknowledgment**