

ASHTON CREEK DENTAL GROUP
Craig E Bunttemeyer DDS PC
9113 South Toledo Avenue
Tulsa, Oklahoma 74137
(918) 743-9275

Patient Name: _____ Date: _____

- I have been offered and/or received a copy of the currently effective Notice of Privacy Practices for Dr. Craig Bunttemeyer.
- I may refuse to sign.
- Expiration: 3 years from initial signature; insurance change; patient reaches age of 18.
- I understand that I may request a copy of the privacy policies at any time.
- 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.

PLEASE LIST ANY OTHER PARTIES WHO CAN HAVE ACCESS TO YOUR DENTAL INFORMATION:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I AUTHORIZE CONTACT FROM THIS OFFICE TO **CONFIRM MY DENTAL APPOINTMENTS, TREATMENT, AND BILLING INFORMATION AND INFORMATION ABOUT MY DENTAL HEALTH** VIA:

- Message on: Home Phone Cell Phone Work Phone
- Email
- U.S. Mail/Postcard
- Any of the above

Please **print** your name

Please **sign** your name

Patient Parent Guardian Other: _____