

Allen L. Hunley, D.D.S.
2939 Essary Rd. Suite 2
Knoxville, TN 37918

Patient Privacy Notice Acknowledgement

I, _____ have been presented with a copy of Dr. Hunley's Privacy Policy.
(please print name)

X _____
Patient Signature

X _____
Parent, Legal Guardian, or Patient Representative

Relationship to Patient

Designated Representatives

The following people may call to ask and receive dental information for me:

<u>Name</u>	<u>Relationship to Patient</u>
_____	_____
_____	_____
_____	_____

I AUTHORIZE YOUR STAFF TO LEAVE A MESSAGE ON VOICEMAIL/ ANSWERING MACHINE WITH REGARDS TO MY SCHEDULE APPOINTMENTS. _____
(INITIALS)

AS A COURTESY WE HAVE AN AUTOMATED SYSTEM THAT WILL CALL TO REMIND OUR PATIENTS OF AN APPOINTMENT APPROXIMATELY 2 DAY BEFORE. PLEASE DESIGNATE A PRIMARY PHONE NUMBER TO BE CALLED BY THE SYSTEM.

(____) _____ - _____