

Gary D. Davis D.D.S, P.C.

Notice of Privacy Practices

Our notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The notice contains a patient's rights section describing your rights under the law. You have the right to review this section before signing this form. The terms of our notice may change. If we change our notice, you may retain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment, or health care operations.
- We have a notice of Privacy Practices and the patient has the opportunity to review this notice.
- We reserve the right to change the Notice of Privacy Practices.
- He/She has the right to restrict the uses of their information, but we do not have to agree to those restrictions.

Payment Agreement

The undersigned hereby authorizes Doctor to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by Doctor to make a thorough diagnosis of the patient's dental needs. I also authorize Doctor to perform any and all forms of treatment, medication, and therapy that may be indicated. I also understand the use of anesthetic agents embodies a certain risk. I understand that responsibility for the payment of dental services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered unless financial arrangements have been made. I further understand that a finance charge of 1.50% per month (18% annual rate) will be added to any overdue balances after 60 days. I also assign all insurance benefits to the Doctor. In the event that my account is turned over to collections, I will be responsible for court costs, attorney fees, collection costs, and any other fees for monies owed.

Patient or Responsible Party

Date