Banister Family Dental Brad Banister, D.D.S., P.A. 4 Medical Lane Conway, AR 72034

HIPAA PRIVACY PRACTICE ACKNOWLEDGEMENT FORM

I have received th	ne Notice of Privacy Practices and I have been pro	ovided an opportunity to review it.
atient Name		Date of Birth
	(Please Print Patient Name)	
Patient Signature _		Todays Date
	(if patient is under 18, parent or guardian signs	ature is required).