

CRAIG E. ALLISON, D.D.S.
SHANNON ALLISON, D.D.S.
TERRY HULIHAN, D.D.S
15 AVIEMORE DRIVE. PINEHURST, NC 28374
(910) 295-4343

**Notice of Privacy Practices
Patient Acknowledgment**

Patient Name: _____

Date of Birth: _____

I have received this practice's *Notice of Privacy Practices* written in plain language. The Notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its *Notice of Privacy Practices*, and to make changes regarding all protected health information resident at, or controlled by, this practice. I understand I can obtain this practice's current *Notice of Privacy Practices* on request.

Signature: _____

Date: _____

Relationship to patient (if signed by a personal representative of patient):
