



SCOTT BRAM, D.M.D. • BRIAN FREY, D.M.D.



Notice of Privacy Practices Written Acknowledgment Form

I, _____ have been offered a copy of Berks Endodontics Notice of Privacy Practices.
Patient Name (please print)

Patient Signature

Date

I authorize the disclosure of my Personal Health Information to the following individuals:

- **My Spouse**

Spouse's name and Phone Number:

- **Family Members**

Specify Name, Relationship and Phone Number:

I understand/authorize Berks Endodontics to leave information about my appointment, my dental care, and financial information, and I wish to be contacted at the following numbers:

Home Telephone: _____

Cell Telephone: _____

Work Telephone: _____