KIMBROUGH DENTAL CARE

Randal S Kimbrough, DDS
D Scott Kimbrough, DDS
2702 American Street
Springdale, Arkansas 72764
479-751-9899

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: ________________________________ Date: __________

I may refuse to sign this acknowledgement.

I have been offered and / or received a copy of Kimbrough Dental Care's Notice of Privacy Practices.

I understand that my PHI (Protected Health Information) can and will be used for purposes of treatment and for payment from both myself and/or third party. I understand that I may request a copy of the privacy policies at any time.

Expiration -- 3 Years from Initial Signature; Insurance Change;
Patient reaches age of 18

I consent for the office of Dr Randal Kimbrough and Dr D Scott Kimbrough to share my personal information with the following: (family, friends, etc.)

Name / Relationship / Phone

___________________________ /_________________ / _________________

___________________________ /_________________ / _________________

Signature: ____

☐ Patient ☐ Parent ☐ Guardian / Other