# BROKEN APPOINTMENT POLICY

When our office books your appointment, we are saving dedicated chair time just for you. We ask that if you are unable to make your appointment, you provide us with at least 48 business hours' notice. This courtesy makes it possible to give your reserved time to another patient.

Broken appointments may result in fees and/or result in loss of future appointment privileges. _____
Initial Please

# ACKNOWLEGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this, I acknowledge that I have received a copy of Portsmouth Dental Care's Notice of Privacy Practices.

_____
Patient Name (Please print)

_____
Patient Signature (Parent/Guardian if patient is a minor)

_____
Today's Date

*You May Refuse to Sign This Acknowledgement*

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For Office Use Only

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

☐ Individual refused to sign.

☐ Communications barriers prohibited obtaining the acknowledgement

☐ An emergency situation prevented us from obtaining acknowledgement

☐ Other: _____

_____