

Martinsville Family Dentistry

25 Cleveland Avenue Martinsville, Virginia

The Notice of Privacy Practice. This notice states in detail that our office does Not share any private information with anyone without your permission and gives a complete description of the rights of patients. Our front office has a detailed copy of our notice of privacy practice available for you.

By signing below, I am stating that I have been given the opportunity to read the notice of privacy practice.

Patient:

Date:

Signature of patient (Parent or Guardian if patient is a minor):
