

**ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES  
Flint Hills Dental PA**

I, \_\_\_\_\_, hereby acknowledge that I have received and reviewed a copy of Flint Hills Dental PA's *HIPAA Notice of Privacy Practices*.

I understand that Flint Hills Dental PA's *HIPAA Notice of Privacy Practices* may change periodically and that I am entitled to receive a copy of Flint Hills Dental PA's revised *HIPAA Notice of Privacy Practices* upon request.

I understand that, if I have questions about Flint Hills Dental PA's *HIPAA Notice of Privacy Practices*, I may contact the Privacy Officer at (785) 321-3455.

I understand that it is my right to refuse to sign this Acknowledgement should I so choose, and that Flint Hills Dental PA will not refuse treatment to me if I refuse to sign this Acknowledgement.

I further understand that I may contact the Secretary of the US Department of Health and Human Services should I have concerns regarding Flint Hills Dental PA's privacy policies and procedures. For information on how to contact the US Department of Health and Human Services, please ask the Privacy Officer, noted above, for assistance.

_____ Patient Signature	_____ Date
_____ Signature of Parent or Guardian	_____ Relationship to Patient

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**FINANCIAL AGREEMENT**

At this time, we would like to thank you for choosing our team for your dental health care! We are so happy to serve you and will do our best in every way to provide you with a pleasant experience. Please take a moment to read and sign the following Financial Agreement, and if you have any questions, please do not hesitate to ask us.

Although we will be happy to file claims on your behalf, we cannot guarantee that payment according to each insurance company's discounted fee schedule will be made. This is strictly based on your contractual agreement with your chosen insurance company. Therefore, you may be notified by our friendly business office of any remaining balance per procedure. Rest assured, we will do what we can to minimize any delay in the delivery of care to you.

Please contact our office when you receive a friendly reminder so that we may move forward and God Bless!

Respectfully,  
Flint Hills Dental, PA

_____ Responsible Party Signature	_____ Date
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