

11. If I fail to pay any balance on my account in timely manner, Cosmetic and Family dentistry may report my account to credit rating bureaus or to a collection agency and /or take legal Action against me for full payment including, but not limited to, all related reasonable Attorney's fees, collection and/or court costs.

12. I authorize Cosmetic & Family Dentistry and its staff to discuss my treatment plan, fees, appointment or anything related to my dental record with:

Spouse (name) _____

Any other family member (name) _____

Other _____

Information not to be released to any one _____

Patient Signature

Date

Acknowledgement of Notice of Privacy Practices

I have read, understood, and have acknowledged the Notice of Privacy Practices and had an opportunity to ask questions.

Patient signature

Date