Champlain Valley Oral & Maxillofacial Surgery

118 Tilley Drive, Suite 102, South Burlington, Vermont 05403 www.CVOMS.com

Privacy Notice Acknowledgement

I, _____, hereby acknowledge that I have been given the opportunity to receive a copy of this practice's Notice of Privacy Practices. I have been given the opportunity to ask any questions I may have regarding this Notice.

_____ _____

Signature of Patient or Parent/Legal Guardian if patient is a minor child **Date**

_____

Patient Name (if minor child)

Please list anyone we are permitted to speak with regarding your care.

_____ _____

Name **Relationship**

_____ _____

Name **Relationship**

_____ _____

Name **Relationship**