

**FAIRFIELD**  
1246 Nilles Road  
Suite 3  
Fairfield, OH 45014  
☎ (513) 858-6575



**OXFORD**  
Tollgate Mall  
508 S. Locust Street  
Oxford, OH 45056  
☎ (513) 523-8289

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**\*\* You May Refuse To Sign This Acknowledgment \*\***

I have received a copy of this office's Notice of Privacy Practices

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

\*\*\*\*\*For Office Use Only\*\*\*\*\*

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

\_\_\_\_\_ Individual refused to sign

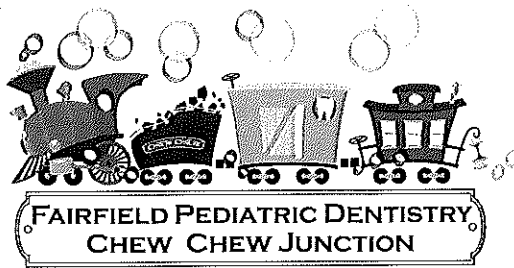
\_\_\_\_\_ Communication barriers prohibited the acknowledgment

\_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgment

\_\_\_\_\_ Other (Please Specify) : \_\_\_\_\_

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OUR APPOINTMENT POLICY

Our office provides all our patients with the most thorough and comfortable pediatric dental care available. We know that efficient scheduling is an important part of the dental office experience. We appreciate your respect for our daily schedule which allows our staff to be on time for your children. To help us provide efficient care we ask for your cooperation with the following guidelines:

ON TIME ARRIVAL

Please arrive at, or just before your appointment time.

LATE ARRIVAL

If you arrive late for your child's appointment, we reserve the right to reschedule the appointment. Late arrivals will cause a delay in seeing patients who are on time. If you find you are running late, we recommend you call our office to determine if we can hold your appointment.

RESCHEDULING

We require a **24 HOUR NOTICE** for rescheduling any appointment. You must contact our office to do so. We maintain a list of emergency patients waiting for treatment. If you must reschedule, we will appoint one of these patients in your time slot.

BROKEN APPOINTMENTS

If you do not notify our office a fee of \$25.00 will be added to your account for each broken appointment. These fees must be paid before we reappoint your child. We feel these guidelines are reasonable in relation to the services we provide. We do understand that circumstances occur that will require our consideration. Any questions are always welcome.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_