Dr. Fred T. Ridge
115 Turnberry Way
Pinehurst, North Carolina
28374
910-695-3100

NOTICE OF PRIVACY PRACTICES

Acknowledgement of Receipt

I, _____ acknowledge receipt of the Privacy Practices of the office of Dr. Fred T. Ridge, D.D.S., P.A. and was given a copy for my own personal records.

Date:_____

* We respect our legal obligation to keep health information that identifies you private. However, there are situations that your information needs to be shared so we, as your provider, may give you the best care possible. For example: Your Insurance Company (if applicable), Electronic Claims (if applicable), Care Credit , Endodontics, Oral Surgeon, Periodontics, Orthodontics or your Medical Doctor.

* **HIPPA** regulations allows our staff to discuss treatment and financial issues with the patient only, unless a written consent is given. Please list anyone that you are giving permission to act in your behalf. This is your written consent!

NAME: RELATIONSHIP:

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