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Receipt of Notice of Privacy Practices Written Acknowledgement Form

I, _____ have received a copy of Lawrence Periodontics (Shelbys Dental, LLC) Notice of Privacy Practices.

I authorize disclosure of my Protected Health Information to the following individuals:
(Protected Health Information includes, but not limited to, billing, scheduling, picking up prescriptions, diagnosis, records and claims information.)

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____

Patient Representative Signature (if applicable): _____

Date: _____ Relationship: _____