
My Dentist
Robert D. Nielson D.M.D., PA
3151 East 17th Street
Idaho Falls, Idaho 83406
(208) 529-3836

Patient's Acknowledgement Form

I, _____, acknowledge that I received and reviewed the office privacy policy for My Dentist.

Patient's Signature: _____ Date: _____
(Parent's signature if a minor)

In case you do not agree to sign this form, our office must indicate why you decline to do so.
Reason for patient's refusal:

Privacy Director's Signature: _____ Date: _____