

**NOTICE OF OUR PRIVACY PRACTICES
CANCELLATION POLICY**

HIPAA (Health Insurance Portability and Accountability Act)
Samuels Dental Arts
January 1, 2007

Acknowledgement:

I have received a copy of Samuels Dental Arts' Notice of Privacy Practices.

Signed: _____

Date: _____

Print Name: _____

If signing as a parent or guardian, please note the name of the patient:

We work hard to stay on schedule and to see you promptly at your appointed time, if at all possible. No charge will be made for appointments cancelled with forty-eight (48) hours notice, otherwise, we reserve the right to bill \$53.00 per scheduled hour for failed appointments.

If you have any questions regarding our office policies, please do not hesitate to ask.

Signed: _____

Date: _____