

NAME _____ PHONE _____ DATE _____
 ADDRESS _____ CITY _____ ZIP _____
 SSN _____ DOB _____ MARITAL STATUS S M D W
 HEIGHT _____ WEIGHT _____ REFERRED BY _____
 IF MINOR, NAME OF GUARDIAN _____ ADDRESS & TELEPHONE _____
 RELATIONSHIP TO PATIENT _____ SPOUSE EMPLOYMENT PHONE _____
 OCCUPATION _____ WILL YOU RECEIVE CALLS AT WORK? _____
 EMPLOYERS NAME & TELEPHONE # _____

EMERGENCY NOTIFICATION NAME & NUMBER _____
 Nearest relative not living with you _____

INSURANCE INFORMATION

NAME OF INSURANCE COMPANY _____ TELEPHONE # _____
 ADDRESS _____ INSURED'S NAME _____
 GROUP # _____

Dr. Paul Caputo, DDS
 3490 East Lake Road #A
 Palm Harbor, Florida 34685
 (727) 789-1333

**Notice of Privacy Practices
Patient Acknowledgement**

Patient Name: _____

Date of Birth: _____

I have received this practice's *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my protected health information. I understand that this practice has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this practice at any time at the address above to obtain a current copy.

Signature _____ Date _____

Relationship to patient (if signed by personal representative of patient)

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices notice, but was unable to do so as documented below:

Date	Initials	Reason