

Frank J. Murray, PA

3101 13th Street

St. Cloud, FL 34769

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www.mystclouddentist.com

Privacy Statement

You have the right to review our privacy notice, request restrictions and revoke consent in writing after you have reviewed our privacy notice. Signing below signifies that you have had the opportunity to view the privacy notice by requesting a copy or reading a copy located at the reception desk and you agree to the privacy policy of our office.

By signing below you acknowledge that you have read, understand and agree to Frank J. Murray, PA Financial Policy and our Notice of Privacy Practices.

Printed Patient Name: _____

Signature of Patient/ Guardian: _____ Date: _____

Printed Name of Patient/Guardian: _____ Date: _____

Signature of Office Representative: _____ Date: _____

Please list the name(s) of persons and their relationship to the patient to whom we may disclose the patient's health information.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

***Remember that we will not be able to explain anything regarding your dental condition or appointments with your spouse, parents, siblings or offspring without your written permission above.**