

***Coastal Endodontics***  
***Kimberly S. Long, D.D.S., P.A.***

***3118 N. Croatan Hwy., Suite 102***  
***Kill Devil Hills, NC 27948***

**PRIVACY PRACTICES ACKNOWLEDGEMENT**

I have read/been given the opportunity to read the Privacy Practices Notice of this office.

Print Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OPTIONAL**

I authorize the following person to have access to my ***Coastal Endodontic***  
treatment records and account: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_