



OAKMONT DENTAL ASSOCIATES

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Dear Friend,

Your dental health has always been our highest priority. We have always considered your right to privacy an important part of our care. The federal government has recognized the importance of your right to privacy, and has mandated that all healthcare providers give each patient a printed copy of their privacy practices. In addition, they require each patient be given the opportunity to sign an acknowledgement of receipt of the notice of privacy practices.

Enclosed is our "Notice of Privacy Practices". Also enclosed is an acknowledgement form. Please read the enclosed information. If you want, you may sign the acknowledgement form and mail it to our office, or bring it with you on your next visit. If you do not wish to sign the form, no response is required. This information is for your use and requires no action on your part.

If you have any questions regarding your dental health, including your right to privacy, please call our office at (412)828-7750. If you need additional information, I will be happy to return your call. Thank you again for choosing us to provide your dental care. With your help, we can assure your dental health for a lifetime!

Sincerely,

Dr. Daniel Merle Stoner

Daniel Merle Stoner, D.M.D.