



LEE F. PETERSON, D.D.S.



**Notice of Privacy Practices and
CCR 1355.4 Compliance**

Consent Form

By my signature below, I acknowledge that I have been given the opportunity to review the Notice of Privacy Practices for the dental establishment above. I also understand that dentists (DDS, doctor of dental surgery) are licensed and regulated by the The Dental Board of California. www.dbc.ca.gov.

Name of Patient or Personal Representative

Signature of Patient or Personal Representative

Date

Description of Personal Representative's Authority