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ABOUT THE PRIVACY OF YOUR HEALTH INFORMATION

Our office has always protected the privacy of the health information of our patients. The entire staff has access to patient information to provide optimum care and obtain payment for treatment. Proper safeguards are in effect to ensure confidentiality of your records. A written office policy is in place and our staff is aware of the safeguards.

Regulations require that we make available for your review a copy of our office privacy policy if you so desire. Additionally, we are required to maintain on file your signature indicating we have informed you of your privacy policy. Your signature below is appreciated.

Signature _____

Date _____

BELOW IS AN APPROVED LIST OF PERSON(S) THAT MAY RECEIVE INFORMATION PERTAINING TO MY TREATMENT AND/OR ACCOUNT

NAME	BIRTHDATE	RELATION
1. _____		
2. _____		