

**MIRANDA L RULEFORD FAMILY DENTISTRY PLLC**

**Dr Miranda Ruleford  
500 East 8th Street  
Okmulgee, Oklahoma 74447  
918-756-9595**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- I have been offered and/or received a copy of the currently effective Notice of Privacy Practices for Dr. Miranda Ruleford.
- I may refuse to sign.
- Expiration: 3 years from initial/last signature; insurance change; patient reaches age 18.
- I understand that I may request a copy of the privacy policies at any time.
- I understand that my PHI (Protected Health Information) can and will be used for purposes of treatment and for payment from both myself and/or third party.

**PLEASE LIST ANY OTHER PARTIES WHO CAN HAVE ACCESS TO YOUR DENTAL INFORMATION:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**I AUTHORIZE CONTACT FROM THIS OFFICE TO CONFIRM MY DENTAL APPOINTMENTS, TREATMENT & BILLING INFORMATION AND INFORMATION ABOUT MY DENTAL HEALTH VIA:**

Message on: Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
\_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_ U. S. Mail / Postcard \_\_\_\_\_ Any of the above

Please print your name: \_\_\_\_\_

Please sign your name: \_\_\_\_\_

\_\_\_\_\_ Patient \_\_\_\_\_ Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Other

**Missed Appointment Policy**

Please allow **minimum of 24 hours notice** if you need to cancel or reschedule an appointment. Failure to do so will be subject to a **\$75 no-show fee**. If two or more appointments are missed or canceled with less than 24 hours notice, we will be unable to reschedule you. You are able to call for a same day appointment and see if we have an available time that day.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_