

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting:

All Smiles NW
3802 Colby AVE, FL 3
Everett, WA 98201
(425)252-9333

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below I acknowledge receipt of the Notice of Privacy Practices.

Printed Name

Signature: Patient or legally authorized individual

Date

Printed Name if signed on behalf of the patient

Relationship

(parent, legal guardian, personal representative)

This form will be retained in you dental record.

Good Faith Effort to Obtain Acknowledgment of Receipt

Print Name

Signature

Date