

**NOTICE OF PRIVACY PRACTICES**

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**4. Our Legal Duty**

We are required by law to protect the privacy of your information, provide this notice about our information practices and follow the information practices that are described in this notice.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and send the new notice to you. We reserve the right to make the revised or changed notice effective for dental information we already have about you as well as any information we receive in the future. You can also request a paper copy of our notice at any time by contacting our dental practice.

If you wish to inspect your records, receive a listing of disclosures, or correct or add to the information in your record, or if you have any questions, complaints or concerns, please contact our dental practice.

**ACKNOWLEDGEMENT**

I have received a copy of the Notice of Privacy Practices. I understand that official privacy practices may change from time to time and that I may request, at any time, a current copy of the Notice of Privacy Practices.

Patient Name: \_\_\_\_\_

Signature of Patient or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Authorization to Leave Personal Health Information**

**By Alternate Means**

(Please check all that apply)

- May leave detailed message on voicemail at home #: (      ) \_\_\_\_\_
- May leave detailed message on voicemail at work #: (      ) \_\_\_\_\_
- May leave detailed information with spouse/other family member(name): \_\_\_\_\_
- May leave detailed message on cellular phone #: (      ) \_\_\_\_\_
- May send detailed message by email to: \_\_\_\_\_

With my signature below, I acknowledge and understand that this information will be kept in my medical record and the above parameters will be abided by until revoked by me in writing. It is my responsibility to notify my healthcare provider should I change one or more of the telephone numbers listed above.

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Patient or legally authorized individual signature

Date