



Engineered Smiles

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES AND CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Notice of Private Practices: You have the right to read our Privacy Practices before you decide whether or not to sign this consent. A copy of our Notice is available upon request. Our Notice provides a description of our treatment, payment activities and healthcare operations, and of the uses and disclosures we make of your protected health information.

Purpose of Consent: By signing this form, you consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

I have been shown a copy of this office's Notice of Privacy Practices and have had full opportunity to read and consider its contents. I understand that by signing this consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

Patient Name (Please Print)

Signature (Patient or Authorized Representative)

Date

If Authorized Representative, check one:

Parent Guardian Power of Attorney Other: _____