



Acknowledgement of Privacy Practices

Our office keeps a record of the health care services we provide you. You may ask to see and copy this 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 Dr. Emily Shackelton.

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. (A copy will be provided for your personal records.)

Please sign to acknowledge that you have received the Notice of Privacy Practices:

Patient or legally authorized signature

Date

Printed name if signed on behalf of the patient

Relationship

This form will be retained in your dental record.