



PRIVACY NOTICE ACKNOWLEDGEMENT

To Our Patients: Federal law requires that we provide you with a copy of our Privacy Notice. The Privacy Notice explains how we may use and disclose health information about you. We ask that you sign this form for our records so that we may document your receipt of the Notice. If you have questions about the Privacy Notice, please feel free to direct these to our Privacy Officer at any time. The name and contact number of the Privacy Officer is listed on your copy of the Privacy Notice.

Patient Name: _____ Date of Birth: _____

I have received/was offered a copy of the Privacy Notice for Canby Smiles on:

Date: _____ Signature: _____

If patient is unable to acknowledge receipt, staff member providing notice to complete this section The Privacy Notice was provided to (patient name) _____ on (date) _____. The patient was unable to acknowledge receipt of the Privacy Notice for the following reason: _____

Print: _____ Signature: _____

AUTHORIZATION TO SHARE PERSONAL INFORMATION

I, _____ authorize Canby Smiles to release medical and financial information, as necessary, to the following people:

Name: _____ relationship: _____

Name: _____ relationship: _____

I understand that I may refuse to sign an authorization. I understand that you cannot condition provision of services or treatment based on whether or not I sign this authorization. I understand that I have the right to revoke this authorization at any time by providing written notice to Canby Smiles and that this revocation is not applicable to information already disclosed while the authorization was in effect.

Signature: _____ Date: _____