

Yakima Pediatric Dentistry

3909 Creekside Loop, Suite 140

Yakima, WA 98902

509-834-2004

Notice of Privacy Practices – Acknowledgment

We keep a record of the health care services we provide to you. You may ask to see and copy 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 the privacy officer.

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 my review of the Notice of Privacy Practices

Signature_____ Date/Time_____

Printed Name_____ Relationship_____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

___ Individual refused to sign

___ Communication barriers prohibited obtaining the acknowledgement

___ An emergency situation prevented us from obtaining acknowledgement

___ Other (Please Specify):