

NOTICE OF PRIVACY PRACTICES- ACKNOWLEDGEMENT

We keep a record of the health care services we provide you. You may ask to see and copy that 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 our Privacy Officer at (425) 271-5705. 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 receipt of the Notice of Privacy Practices.

In addition to the allowable disclosures described in the Notice of Privacy Practices, I hereby authorize disclosure of my protected health care information to the person indicated below:

	please circle:
ANY IMMEDIATE FAMILY MEMBER	YES NO
SPOUSE	YES NO
OTHER (please specify) _____	

Print Patient's name

Signature

Date

Print your name if signed on behalf
of the patient

Relationship
(i.e. parent, legal guardian)

This form will be retained in your medical record.

Lyly Fisher DDS, PLLC
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