

First Impressions Dentistry

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided with First Impressions Dentistry of Yukon's Notice of Privacy Practices. This notice describes how my health information may be used and disclosed.

Additionally, I hereby authorize the release of any health information to include: digital radiographs, diagnostic information, account balances and/or appointment confirmations.

Name of authorized individual or individuals	Relationship
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Patient name: _____ Signature: _____

Date: _____