



AAA COURT FAMILY DENTAL

Dr. Timothy J. Smith, D.D.S.
Dr. Benjamin R. Selden, D.D.S.
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ACKNOWLEDGEMENT OF PRIVACY PRACTICES POLICY

I acknowledge that I am aware of the Provider's Notice of Privacy Practices posted at the office of Dr. Timothy J. Smith D.D.S. and Dr. Benjamin R. Selden D.D.S., which summarizes the ways my identifiable health information may be used or disclosed and states my rights with respect to my medical and dental information. I understand that Dr. Smith and Dr. Selden have the right to revise these information practices and to amend the Notice of Privacy Practices. I understand that in the event of revision, these changes will be posted at the office and I may obtain a current Notice of Privacy Practices at any time from the office manager.

Signature

Date

If Guardian/Representative--- Relationship to Patient

Please print your children's first and last names below

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