

Westcliffe Family Dental

475 Keene Rd.
Richland, WA 99352

Acknowledgement of Receipt of Statement of Privacy Practices

The Statement of Privacy Practices describes the types of uses and disclosures of your protected health information that might occur in your treatment, payment for services, or in the performance of office health care operations. The Statement of Privacy Practices also describes your right and the responsibilities and duties of this office with respect to your protected health information. The Statement of Privacy Practices is also posted in the facility.

Westcliffe Family Dental reserves the right to change privacy practices that are described in the Statement of Privacy Practices. If privacy practices change, you will be offered a copy of the revised Statement of Privacy Practices at the time of your first visit after the revisions become effective. You may also obtain a revised copy by requesting that one be mailed to you.

In addition to the allowable disclosure described in the Statement of Privacy Practices, I hereby specifically authorize disclosure of my protected healthcare information to the persons indicated below.

Any member of my Immediate family.	Yes	No
Spouse only	Yes	No
Other (specify)	Yes	No

I acknowledge that I have received a copy of the Statement of Privacy Practices for the office of *Westcliffe Family Dental*.

Printed Name of Patient or Representative

Signature of Patient or Representative

Relationship to Patient

Date