

**Northwest Smiles  
Dr. Chris J. Elliott, DDS, PS**

**Notice of Privacy Practices Acknowledgment**

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 practice. Please call our office phone number and ask for the office manager.

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.

\_\_\_\_\_  
Patient or legally authorized individual signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship  
(Parent, Legal Guardian etc)

Dependent family members also covered by this acknowledgement:

\_\_\_\_\_  
This form will be retained in your dental/medical records.