



SPARKS
FAMILY ORTHODONTICS
Laugh Grow Smile

HIPAA – ACKNOWLEDGEMENT OF RECEIPT Notice of Privacy Practices

Printed Patient Name: _____

Patient Birthdate: _____

We at Sparks Family Orthodontics are required by law to maintain the privacy of our patients and to provide individuals with the attached Notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to the Notice, please ask to speak with us.

I hereby acknowledge that I have received the HIPAA Notice of Privacy Practice document.

Signature of patient or patient's representative/parent

Date

Printed name of patient or patient's representative / parent

Relationship to patient