

## **NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENTS**

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 privacy officer.

Our Notice of Privacy Policies 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.**

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**Signature of patient (or legally authorized individual)**

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**Date**

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**Printed Name(s) if signed on behalf of the patient(s)**

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**Date**

**Jared T. Bowyer D.D.S., P.S.**

**300 SE 120<sup>th</sup> Ave, Suite #700**

**Vancouver, Wa 98685**

**360-253-2640**

This form will be retained in your file with your protected health information.