

Gary A. Wolanek, DMD  
999 Drew Lane  
Auburn, AL 36830  
334-821-6817

## **Notice of Privacy Practices Patient Acknowledgement**

Patient Name \_\_\_\_\_

I have received the Notice of Privacy Practices for this dental practice. The notice Provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices and to make changes regarding all protected health information under the control of this practice.

Signature \_\_\_\_\_

Date \_\_\_\_\_