



PHILLIPS
ORTHODONTICS

Notice of Privacy Practices Acknowledgement

I acknowledge receiving the Phillips Orthodontics "Notice of Privacy Practices" dated 8/1/2018.

Name: _____

Signature: _____

Date: _____

Please advise front desk if you have any restrictions that you would like to have placed with your Private Health Information obtained by Phillips Orthodontics. Examples include: Specific persons or Specific information.

Office Use Only

Record restrictions here: _____

Completed by: _____ Date: _____