

smile.

..... A BOUTIQUE
INVISALIGN EXPERIENCE

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES/HIPAA NOTIFICATION

****You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of this office's Notice of Privacy Practices.

In addition you give us permission to leave detailed messages in regards to your child's treatment on the phone numbers and/or emails you have provided: If there is anyone else we can discuss treatment with Please list:

Patient Name: _____

Please print name: _____

Signature ^{Patient/Parent} **X** _____ : Date: _____

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Individual refused to sign

Communication barriers prohibited obtaining the acknowledgment

An emergency situation prevented us from obtaining acknowledgement

Other (please specify) _____