

South Shore Dental Arts

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Notice of Privacy Practices

ACKNOWLEDGEMENT AND CONSENT

By signing below, I hereby acknowledge that I have been provided with a copy of this office's Notice of Privacy Practices and have therefore been advised of how my protected health information may be used and disclosed by the office and how I may obtain access to and control this information. In addition, by signing below, I hereby consent to the use and disclosure of my health information for treatment purposes, payment activities and operations of the office as described in the Notice.

Signature of Patient or Legal Guardian

Print Name

Date