

Kathy A Curtis DDS, PLLC - Downtown Dentistry
925 4th Avenue, Suite 410
Seattle, WA 98104

Notice of Privacy Practices – Acknowledgement of Receipt

I acknowledge that I have received or been shown where to locate a copy of the Notice of Privacy Practices for the office of Kathy A Curtis DDS, PLLC and Downtown Dentistry. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office health care operations. The Notice of Privacy Practices also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Notice of Privacy Practices is also posted in this facility.

Kathy A Curtis DDS, PLLC and Downtown Dentistry reserve the right to change the privacy practices that are described in the Notice of Privacy Practices. If privacy practices change, I will be offered a copy of the revised Statement of Privacy Practices at the time of my first visit after the revisions become effective. I may also obtain a revised Notice of Privacy Practices by requesting that one be mailed to me.

ADDITIONAL DISCLOSURE AUTHORITY

In addition to the allowable disclosure described in the Statement of Privacy Practices, I hereby specifically authorize disclosure of my protected health care information to the person indicated below.

ANY MEMBER OF MY IMMEDIATE FAMILY.....	YES	NO
SPOUSE / PARTNER ONLY.....	YES	NO
OTHER (Please Specify):	YES	NO

Printed Name of Patient or Personal Representative

Signature of Patient or Personal Representative

Date Signed

Relationship of Personal Representative if not patient

OFFICE USE ONLY BELOW THIS LINE