

ACKNOWLEDGMENT OF PRIVACY NOTICE

SmileZ Pediatric Dental Group will use and disclose your personal health information to treat you, to receive payment for care we provide, and for other health care operations. Health care operations generally include those activities we perform to improve the quality of care. We have prepared a detailed **NOTICE OF PRIVACY PRACTICES** to help you better understand our policies in regard to protected health information. The terms of this notice may change with time, and we will post the current notice at our facility and have copies available for distribution. I acknowledge I have received, read and understand the **NOTICE OF PRIVACY PRACTICES**.

I also give **SmileZ Pediatric Dental Group** permission to speak to the following people (if any) regarding my health information:

Parent / Guardian's Signature

Date

Patient's Printed Name

SmileZ Pediatric Dental Group, 7521 Virginia Oaks Drive, Suite 210,
Gainesville, VA 20155 (703) 468-0700