



**Notice of Privacy Practices
Acknowledgment and Consent Form**
For the office of
Dona Seely, DDS, MSD, PS

Dr. Dona Seely and her staff maintain health and dental records for service we provide you. Our *Notice of Privacy Practices* describes in detail how your health information may be used and disclosed and how you can access your information. A printed copy of our *Notice of Privacy Practices* is available upon request. You may request to see a copy or amend your permanent record by contacting our office.

By my signature below, I acknowledge informed consent and understand the *Notice of Privacy Practices*.

Print Name: _____ Signature: _____

Date: _____

Signature required by parent, legal guardian, or personal representative if signed on behalf of the patient.

Print Name: _____ Signature: _____

Relationship: _____ Date: _____

(Notation, if any, by staff):

