

**ACKNOWLEDGEMENT  
OF  
PRIVACY PRACTICES**

**Village Dentistry  
Dr. David M. Hagel D.D.S.  
23515 NE Novelty Hill Rd. #209  
Redmond, WA 98053  
(425)898-7780**

I give this practice my consent to use or disclose my protected health information to carry out my treatment, to obtain payment from insurance companies, and for health care operations like quality reviews.

I understand that I may review practice's Notice of Privacy Practices ( for a more complete description of uses and disclosures ) before signing this consent.

I understand that this practice has the right to change their privacy practices and that I may obtain my revised notices at the practice.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment of health care operations and I understand that you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient, parent or legal guardian

If signed by patient representative, state relationship to patient \_\_\_\_\_

Dependent family members also covered by this acknowledgement:

\_\_\_\_\_

**For Office Use Only:**

We were unable to obtain the patient's written acknowledgement of our Notice of Privacy Practice due to the following reason:

- The patient refused to sign
- Communication barrier
- Emergency situation
- Other