

Teresa Kang, DDS, PLLC

Family and Cosmetic Dentistry

12332 120th Ave NE
Kirkland, WA 98034
PHONE 425.821.8411
FAX 425.821.5188
www.kirklandfamilydentist.com

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

We keep a record of the health care service that we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or obtain more information about it by contacting our office.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below, I acknowledge receipt of the Notice of Privacy Practices.

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Date

Printed Name if signed on behalf of the patient

Relationship
(parent, legal guardian, personal
representative)

This form will be retained in your dental record.