

**Smile Brite Dental Care, LLC**

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES  
AND  
CONSENT FOR USE AND DISCLOSURE  
OF HEALTH INFORMATION**

**Please read the following statements carefully**

**Purpose of Consent:**

By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

**Notice of Privacy Practices:**

You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice Provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before signing this Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

I have received and read a copy of Smile Brite Dental Care's Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Subscriber/patient/parent of minor

\_\_\_\_\_  
Date