

## **Notice of Privacy Practices Acknowledgment**

The Notice of Privacy Practices of School of Dentistry brochure describes how your dental and medical information may be used and disclosed, how you can access this information and who to contact if you have questions, concerns or complaints.

We have a responsibility to protect the privacy of your information, provide a Notice of Privacy Practices, and follow the information practices that are described in this notice. If you have any questions, please contact: UW School of Dentistry Patient Relations 206-685-1022.

We may change our policies at any time. Any significant policy change will be posted. You may request a copy of this notice from the UW School of Dentistry Patient Records Office 206-543-7049.

\*You will be asked to sign this consent form in person at your first appointment.

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