



FREDERICKSBURG ORTHODONTICS

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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

FREDERICKSBURG ORTHODONTICS has made available to me their Notice of Privacy Practices. I understand that FREDERICKSBURG ORTHODONTICS has the right to change its Notice of Privacy Practices from time to time and that I may contact FREDERICKSBURG ORTHODONTICS at any time to obtain a current copy of the Notice of Privacy Practices.

Patient Name (print)

Signature of patient or

Legal Representative / Relationship to Patient

Date

FOR OFFICE USE ONLY:

I have attempted to obtain the patient's signature on this form, but was not able to for the following reason:

Please initial and date.