

# Queen Anne Smiles

---

812 5th Avenue North, Suite #4 Seattle, WA 98109 – (206) 284-0566

## ACKNOWLEDGEMENT OF RECEIPT OF STATEMENT OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Statement of Privacy Practices for the office of Karla Aylen, D.D.S. The Statement of Privacy Practices describes the types of uses and disclosures of my protected health information that may occur in my treatment, payment of services, or in the performance of office health care operations. The Statement of Privacy Practices also describes my rights, responsibilities and duties of this office with respect to my protected health information. The Statement of Privacy Practices is also posted in this facility.

Karla Aylen, D.D.S. reserves the right to change the privacy practices that are described in the Statement of Privacy Practices. If privacy practices change, I will be offered a copy of the revised Statement of Privacy Practices at the time of my first visit after the revision(s) become effective. I may also obtain a revised Statement of Privacy Practices by requesting that one be mailed to me.

---

Name of Patient/Personal Representative

---

Signature of Patient/Personal Representative

---

Date

---

Description of Personal Representative's Authority

**Additional Disclosure Authority** - In addition to the allowable disclosures described in the Statement of Privacy Practices, I hereby specially authorize disclosure of my Protected Healthcare Information to the persons indicated below:

---