

W. Brent Nash DDS, PLLC
1006-A Fryar Ave
Sumner, WA 98390

Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received a copy of Dr. W. Brent Nash's Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services or in the performance of office's health care operations. The Notice of Privacy Practices also describes my rights and Dr. W Brent Nash's duties with respect to my protected health information. The Notice of Privacy Practices is posted in the facility.

Dr. W. Brent Nash reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. If privacy practices change, I will be offered a copy of the revised Notice of Privacy Practices at the time of my first visit after the revisions become effective. I may also obtain a revised Notice of Privacy Practices by requesting that one be mailed to me.

Additional Disclosure Authority

In addition to the allowable disclosures described in the Notice of Privacy Practices, I hereby specifically authorize disclosure of my protected health care information to the persons indicated below.

Any member of my immediate family	Yes	No
Spouse only	Yes	No
Other _____	Yes	No

Name of Patient or guardian

Signature

Assignment and Release

I hereby authorize my insurance benefits to be paid directly to the dentist. I acknowledge that I am financially responsible for all charges. If it becomes necessary to effect collections of any amount owed on this or subsequent visits the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. I also authorize the dentist to release any information required for this claim. I authorize that my records can be used by the doctor if he so determines. In consideration of the service rendered to me by this dental office, I am obligated to pay said office in accordance with its credit terms and policy. I certify that I have read or had read to me the contents of this form and do realize the risks and limitations involved.

Signature _____ Date _____