



ACKNOWLEDGMENT OF OUR NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have received or have been give the opportunity to receive a copy of Yanni Family Orthodontics, PC Notice of Privacy Practices

Patient Name (Type or Print)

Date

Signature

Current School Attending

I give permission for Yanni Family Orthodontics, PC to disclose my Protected Health information concerning my treatment and/or financial matters to the following individual(s). I hereby understand this listing remains in effect unless revoked by me in writing.

Name

Phone number

Relationship

Name

Phone number

Relationship

Name

Phone number

Relationship

Name

Phone number

Relationship