



Acknowledgement of Receipt

I acknowledge that I received a copy of Yahara Dental, S.C. Notice of Privacy Practices.

Patient name: _____

Signature: _____ Date: _____

I consent to the disclosure of my records (or my child's records) to the following persons who are involved in my care (or my child's care) or payment for that care. My consent to disclosure of records shall be effective until I revoke them in writing.

Name(s): _____