SMILE ONE DENTAL
Jessica Lien, DDS
(972) 372-9170
617 K Ave. #300 Plano, TX 75074

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, acknowledge that I have been provided a copy of Smile One Dental's Notice of Privacy Practices, which describes how my health information may be used and disclosed.

_____ _____
Signature of Patient/Patient's Guardian Date

_____
Print Name

_____
Relationship to Patient (If not signed by the patient)

Names of other individuals that I hereby authorize Smile One Dental to disclose private information to on my behalf i.e. account information, treatment, appointments, etc.

Name:_____ Relationship:_____

Name:_____ Relationship:_____

_____
Signature of Patient/Patient's Guardian

AUTHORIZATION FOR SIGNATURE ON FILE

I, _____, hereby authorize Smile One Dental to affix my name to any and all claims or documents as related to any and all health benefits due to me or my dependents and authorize payment of insurance benefits directly to Smile One Dental, otherwise payable to me. I agree to be responsible for all charges for dental services not paid for by my insurance carrier or dental benefits payer. To the extent permitted under applicable law, I authorize release of any information related to this claim. This "Signature on File" will be valid from this date forward.

_____ _____ _____
Print Name Signature Date