



SOUNDVIEW

Family Dental

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NOTICE OF PRIVACY PRACTICES

We keep record of the health care services we provide you. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting our office.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed and how you can access your information.

By my signature below I acknowledge receipt of Notice of Privacy Practices.

Patient's name

Date

Patient or legally authorized individual's signature

Printed name if signed on behalf of patient

Relationship

I authorize you to share medical information with the following people:

This form will be retained in your medical record.