



**TOTAL ORTHODONTICS**  
by THEROUX & BAREFOOT

**ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES**

TOTAL Orthodontics is required by federal law to maintain the privacy of individuals and provide individuals a copy of the attached Notice of our legal duties and privacy practices with respect to protected health information.

I hereby acknowledge that I have received a copy of the HIPAA Notice of Privacy Practices. I understand that a copy of the current notice will be available at the front desk of this office and that a copy of any amended Notice of Privacy Practices will be available at each appointment, if applicable.

PRINT PATIENT NAME: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Signature of Patient/Patient Representative: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Date: \_\_\_\_\_