<u>Quimby & Collins Orthodontics</u> has a strong commitment to safeguard the protected health information of patients. The principles outlined in the Notice of Privacy Practices of this office are also legal obligations of this practice under the Privacy Rule.

A signed acknowledgement of receipt of the Notice of Privacy Practices will be obtained prior to the first interaction with a patient or potential patient.

LAST  ead a copy of the Notice of Privace		MI d practice.
		d practice.
<del></del> ;	<del></del>	
	Date	
nent reminder via email. In add	dition to appointment reminder	
2	Date	
do not wish to receive reminder ar	nd/or recall messages via email.	
	J	
ce Use Only		
		e of Privacy Practices because:
Γhe individual refused to sign.		
A copy was mailed with a request for	or a signature by return mail.	
Inable to communicate with the pa	tient for the following reason.	
onable to communicate with the pa		
Other:		
	ment reminder via email. In add. By providing my email addressed.  do not wish to receive reminder and ce Use Only  unable to obtain a written acknow. An emergency existed & a signature. The individual refused to sign.	ment reminder via email. In addition to appointment reminder d. By providing my email address, I consent to receiving such enable to not wish to receive reminder and/or recall messages via email.  Cee Use Only  Sunable to obtain a written acknowledgement of receipt of the Notice An emergency existed & a signature was not possible at the time.

A copy of the Notice of Privacy Practices and the red flag laws are available upon request.