

**Dr. Teddi Olszewski, D.M.D.**  
**Northampton Family & Cosmetic Dentistry**  
**264 Elm Street**  
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**(413) 584-2902 \* Fax (413) 586-9904**

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**\*\* You May Refuse to Sign This Acknowledgement \*\***

By signing this form, you consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations. If you decline to sign this consent form, we may decline to treat you.

You have the right to read our **Notice of Privacy Practices** before you decide whether to sign this consent. A copy of our notice accompanies this consent.

We reserve the right to change our privacy practices as described in our **Notice of Privacy Practices**. If we change our privacy practices, we will issue a revised Notice of Privacy Practices. You may obtain a copy at any time by contacting our office at (413) 584-2902. There is also a copy of Notice of Privacy Practices on our website, [www.enjoyyoursmile.com](http://www.enjoyyoursmile.com).

You have a right to revoke this consent at any time by giving us written notice.

I, \_\_\_\_\_, have received a copy of this office's **Notice of Privacy Practices**.

\_\_\_\_\_  
(Signature or Guardian Signature)

\_\_\_\_\_  
(Date)

**CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION**

**\*\* Persons Involved in Care \*\***

List individuals who you would like involved in your dental care. By writing their names on this form you consent to the release of your dental information to them. For example, if you want us to be able to discuss dental information with a spouse or family member, you must list their names below. This includes discussing fillings, crowns, insurance payments, etc. with them. In addition, the account holder (not necessarily the insurance holder) may receive basic dental treatment information on mailed billing statements (example: John had a cleaning on 09-13-14, Mary had a filling on 1-3-15, etc.)

Name of Individual(s):

Relationship:

Phone Number:

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