

**Bellingham Prosthodontics  
Dana Buglione, DMD, MSD  
3628 Meridian St., Suite 1A  
Bellingham, WA 98225**

**Notice of Privacy Practices—Acknowledgement**

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. 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 Dana Buglione DMD, MSD

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.

**Additional Disclosure Authority**

In addition to the allowable disclosures described in the Notice of Privacy Practices, I hereby specifically authorize disclosure of my protected health care information to the person indicated below.

Any member of my immediate family	Yes_____ No_____
Spouse Only	Yes_____ No_____
Other (please specify)	Yes_____ No_____

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

\_\_\_\_\_  
Patient or legally authorized individual signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name if signed on behalf of the patient

\_\_\_\_\_  
Relationship  
(parent, legal guardian, personal representative)