



Sang Y. Shin D.D.S.
General Dentist

321 138th St. S. Bldg. C
Tacoma, WA 98444
253-531-7111
253-531-7112 (Fax)
WWW.ShinPacificDentistry.Com

Notice of Privacy Practices Acknowledgment

We keep a record of the health care services we provide our patients. The record is compiled by us and is our property, but you may ask to receive a copy of it. We will need two weeks advance notice and a written release to make a copy for you. You may also ask to correct any factual mistakes you believe to be in the record once you have reviewed it. We will not disclose your record to others unless you direct us to do so in writing or unless the law authorizes or compels us to do so. You may obtain further information about these matters by contacting our Privacy Contact person at 253-531-7111.

Our Notice of Privacy Practices brochure describes in more detail how your health information may be used and disclosed, and how you can access your information. Please inform the Front Office Staff if you would like a copy of the brochure.

Authorize to disclose information and consent to leave messages

This authorization will allow us to disclose information to those we may need to contact about your care or in case of an emergency. Please state below the **name and relationship** of the authorized person to whom we may disclose information.

1. _____
2. _____
3. _____
4. _____

I give my permission to Pacific Family Dentistry to:

Leave a message, text or email regarding any upcoming office visit, account information, and/or test results Yes ____ No ____

Leave a message with anyone who may answer the phone at my residence Yes ____ No ____

Leave a message at my place of employment to return a call Yes ____ No ____

I acknowledge that I am aware that the Notice of Privacy Practices brochure is readily available to me upon request.

Signature of Patient or Representative

Date

Information on this form will be valid for three years from date signed