Smiles in Bloom Pediatric Dentistry 137 Prospect Hill Road East Windsor, CT 06088 860-254-5840

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided a copy of Smiles in Bloom's Notice of Privacy Practices, which has an effective date of 09/23/2013, and which describes how my health information may be used and disclosed.

I understand that you have the right to change the Notice of Privacy Practices at any time, that I will be provided a copy of any updated version, and that I may contact you at any time to request a current Notice of Privacy Practices.

My signature below acknowledges that I have been provided with a copy of the Notice of

Privacy Practices:		
Signature of Patient or Patient's Representative	Date	
Print Name		
Relationship to Patient (If not signed by the Patient)		