

Julie L. Molin, D.M.D.

PATIENT'S STATEMENT OF AUTHORIZATION AND ACKNOWLEDGEMENT

Julie L. Molin, D.M.D.
Family and Cosmetic Dentistry

- Is required by federal law to maintain the privacy of your protected health information (PHI), and to provide you with a copy of this Privacy Notice detailing Dr. Julie L. Molin's legal duties and privacy practices with respect to your PHI.
- May be required by state law to maintain greater restrictions on the use or release of your PHI than that which is provided under federal law. Julie L. Molin D.M.D. is required to, and will comply with all required state statutes.
- Is required to abide by the terms of this privacy notice.
- Reserves the right to change the terms of this privacy notice to make the new privacy notice provisions effective for your entire PHI that it maintains.
- Will distribute any revised Privacy Notice to you prior to implementation.
- Will comply with our complaint policy, and will not retaliate against you for filing a complaint.

EFFECTIVE DATE

This notice is effect as of April 15, 2003

PATIENT ACKNOWLEDGEMENT

By subscribing my name below, I acknowledge that I have read and understood this Privacy Notice. Furthermore, I give Julie L. Molin, D.M.D. the expressed written consent to display my name in any "In-Office" usage, including but not limited to sign in sheet, files, charts, and in-house promotional such as birthday list or referral thanks. I also understand that if my name is requested to be used for promotional purposes outside of the office, a separate acknowledgement of permission will make in writing.

PATIENT SIGNATURE DATE

PATIENT (please print name)

I have read and understood this Privacy Notice, however, I DO NOT wish to grant permission to Display my name in the office for in-house usage such as sign-in sheet and file charts.

PATIENT SIGNATURE DATE

PATIENT (please print name)