

Acknowledgement of Receipt of Notice of Privacy Practices

have had an opportunity to read this office's Notice of Privacy Practices. I have also received this notice on behalf of my minor children listed below if applicable.

I authorize Gunnerson Dental to discuss my (and the minor children listed above) appointments, treatment, and financial information (including insurance information regarding coverage, payments etc.) relating to my account with the following individuals until permission is revoked in writing.

Authorized Individuals: