



Notice of Privacy Practices for Shara Smile

256 Seaboard Lane, Suite E 102 Franklin, Tn. 37067

Acknowledgement of Receipt of SHARA SMILE, LLC's Notice of Privacy Practices (NPP)

This form is an acknowledgement by the client,
_____, that she/he has received a copy of SHARA SMILE, LLC's Notice of Privacy Practices (NPP). When we use the term "you" below, it will mean your child, relative, or other person if you have written his or her name here _____.

When we assess, diagnose, treat, or refer you, we will be collecting what the law calls Protected Health Information (PHI) about you. We need to use this information at SHARA SMILE, LLC to decide on what treatment is best for you and to provide treatment to you. We may also share this information with others who provide treatment to you or need it to arrange payment for your treatment.

By signing this form, you are acknowledging that SHARA SMILE, LLC has provided you with a copy of SHARA SMILE, LLC's NPP. You understand that you may contact the person named as the Privacy Officer in the NPP (Shara Carter) if you have questions about the content of the NPP.

Signature of client or her/his Personal Representative

Date

Printed name of client or her/his Personal Representative

Relationship to client (if client, write "Self")

Description of Personal Representative's (authority to sign on behalf of client)