

FAMILY AND COSMETIC DENTISTRY

David Schroeder D.D.S.

1109 Norfolk Avenue

Norfolk NE 68701

(402) 371-2377

This notice is effective as of ____/____/____

I have been given a copy of the Privacy Notice for Dr. Schroeder's office. I have read and fully understand my rights contained in the notice given to me today.

By way of my signature, I provide this practice with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

Patient's Name (print)

Patient's Signature

Authorized Facility Signature