

**Cascade Dental Group
Dr. Craig E. Pearce
5920 Evergreen Way, Suite E
Everett, WA 98203
(425)353-4884**

Notice of Privacy Practices-Acknowledgement

We keep a record of the health care services we provide you. Your personal health information will never be given to anyone, even family members without your written consent. You may give written authorization for us to disclose your information to anyone you choose. We use and disclose the information you give us only as allowed by the Health Insurance Portability and Accountability Act and the state of Washington.

Our **NOTICE OF PRIVACY PRACTICES** describes in more detail how your health information may be used and disclosed, and how you can access your information. If you would like a copy of the statement of privacy policies you may ask for a copy.

Additional Disclosure Authority

I hereby specifically authorize disclosure of my protected health care information to the persons indicated below.

Spouse only (please check one) Yes ___ No ___

Any member of my immediate family (please check one) Yes ___ No ___

Other (please specify) _____

Signature of patient or representative: _____

Date: ___/___/___