



floyd family
orthodontics

HIPAA / NOTICE OF PRIVACY PRACTICES

I have read through a copy of this offices privacy practices.

I would like a copy to take home: YES NO (Circle one)

I know that I may request a copy of the privacy practices at any time.

Signature of Patient/Parent/ Guardian

Date

Printed Name if Parent/Guardian

Transforming lives. Building confidence. Serving well.

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