

# GABRIEL MALOUF, DDS

MODERN DENTISTRY • FAMILY VALUES

Gabriel Malouf, DDS  
37624 Fury Street  
Snoqualmie, Washington 98065  
425-292-9230

## Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received a copy of Dr. Malouf's Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services or in the performance of office's health care operations. The Notice of Privacy Practices also describes my rights and Dr. Malouf's duties with respect to my protected health information. The Notice of Privacy Practices is posted in the facility.

Dr. Malouf reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. If privacy practices change, I will be offered a copy of the revised Notice of Privacy Practices at the time of my first visit after the revisions become effective. I may also obtain a revised Notice of Privacy Practices by requesting that one be mailed to me.

### ADDITIONAL DISCLOSURE AUTHORITY

In addition to the allowable disclosures described in the Notice of Privacy Practices, I hereby specifically authorize disclosure of my protected health care information to the persons indicated below.

ANY MEMBER OF MY IMMEDIATE FAMILY	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
SPOUSE ONLY	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
OTHER (PLEASE SPECIFY):	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

\_\_\_\_\_  
Name of Patient

X \_\_\_\_\_

Signature of Patient or Personal Representative

\_\_\_\_\_  
Date