



Clark College  
Dental Hygiene Department

**Notice of Privacy Practices Acknowledgement**

The Clark College Dental Hygiene Clinic keeps a record of the health care services provided to me. I may ask to see and copy that record. I may also ask to correct that record. Clark College will not disclose my record to others unless I direct Clark College to do so or unless the law authorizes or compels Clark College to do so. I may see my record or get more information about it by contacting the Director of the Department of Dental Hygiene.

The Clark College **Notice of Privacy Practices and Protected Health Information (PHI)** policy describes in more detail how my health information may be used and disclosed, and how I can access my information.

***I have read and understand the Notice of Privacy Practices Acknowledgement.  
I give permission for my status/treatment to be shared with my guardian and/or caregiver, if applicable.***

\_\_\_\_\_  
Patient Signature (or legally authorized individual signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (if signed on behalf of the Patient)

\_\_\_\_\_  
Date