

Notice of Privacy Practices

I consent to the use or disclosure of mine or my child's protected health information by Dr. Armstrong, Dr. Amy Watts and Associates for the purpose of diagnosing, providing treatment, obtaining payment for dental bills, or to conduct health care operations.

I understand that diagnosis or treatment of my child by Dr. Armstrong, Dr. Watts and Associates may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how mine or my child's protected health information is used or disclosed to carry out treatment, payment, or health care operations of the practice. Dr. Armstrong, Dr. Watts and Associates are not required to the restrictions that I request. However, if Dr. Armstrong, Dr. Watts and Associates agree to a restriction that I request, the restriction is binding on Dr. Armstrong, Dr. Watts and Associates.

I have the right to revoke this consent, in writing at any time, except to the extent Dr. Armstrong, Dr. Watts and Associates have taken action in reliance on this consent.

Protected Health Information means: Health information including mine or my child's demographic information, collected from me and created or received by mine or my child's physician, another health care provider, a health plan, mine or my spouses employer or healthcare clearinghouse. This protected health information relates to my child's past, present or future physical or mental health or condition and identifies me or my child, or there is reasonable basis to believe the information may identify me or my child.

I understand I have a right to review Dr. Armstrong, Dr. Watts and Associates Notice of Privacy Practices prior to signing this document. Their Notice of Privacy Practices has been made available to me.

The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my child's treatment, payment of my child's bills or in the performance of health care operations by Dr. Armstrong, Dr. Watts and Associates.

The Notice of Privacy Practices for Dr. Armstrong, Dr. Watts and Associates is also provided at 2915 E. Southlake Blvd. #200, Southlake, Texas, 76092 and www.catchawinningsmile.com.

The Notice of Privacy Practices describes mine and my child's rights as well as the duties of Dr. Armstrong, Dr. Watts and Associates with respect to mine and my child's health information.

Dr. Armstrong, Dr. Watts and Associates reserve the right to change the privacy practices that are described in the Notice of Privacy Practices.

I may obtain a revised Notice of Privacy Practices by accessing the web site above, calling the office and requesting a revised copy or asking for one at the time of mine or my child's next appointment.

Signature

Written Name of Signer and description of Signers Authority

Date