

**SHELBURNE VILLAGE DENTISTRY**  
Dr. Holly Maier DMD

**PRIVACY NOTICE ACKNOWLEDGEMENT**

I, \_\_\_\_\_, hereby acknowledge that I have been given the opportunity to receive a copy of this practice's Notice of Privacy Practices. I have been given the opportunity to ask any questions I may have regarding this notice.

I also authorize Dr. Holly Maier to release any and all information concerning my treatment to insurance carriers, referring doctors, and other providers involved in my care for the purpose of my treatment, payment for services rendered, or daily operations in my care.

\_\_\_\_\_  
Signature of patient/legal guardian  
if patient is a minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (if minor child only)

Please list anyone other than those listed above that we are permitted to speak with regarding your care.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship