

Brenda R. Gentry DDS, PA

302 N. Heatherwilde Blvd. Suite 100

Pflugerville, Texas 78660

Exceeding Expectations

(512)252-SMILE

Acknowledgement of Review of Notice of Privacy Practices

I acknowledge that I have the right to review Dr. Brenda R. Gentry's Notice of Privacy Practices, which explains how my medical information will be used and disclosed and how I can get access to my medical information. I know that I may have a copy of the Notice. I also know that from time to time Dr. Brenda R. Gentry may revise the Notice of Privacy Practices; I know that I must ask for it.

You may refuse to consent to the use or disclosure of your personal health information, but this **must be in writing**. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your Personal Health Information (PHI). After reviewing our privacy notice you have the right to request restrictions and revoke consent in writing.

Print Name of Patient

Signature of Patient or Personal Representative

Date

Name of Personal Representative

Description of Personal Representative's Authority to Act for Patient

Witness

Date