

Hart Family Orthodontics, PLLC  
5075 Jason Ave NE  
Albertville, MN 55301

## **ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have been provided with a copy of Albertville and Buffalo Orthodontics Notice of Privacy Practices, which has an effective date of 2/6/2026, and which describes how my health information may be used and disclosed.

I understand that you have the right to change the Notice of Privacy Practices at any time, that I will be provided with a copy of any updated version, and that I may contact you at any time to request the current Notice of Privacy Practices.

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices:

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Signature of Patient or Patient's Representative

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Date

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Print Name

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Relationship to Patient (If not signed by the Patient)