

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:

\_\_\_\_\_  
Signature of Patient or Patient's Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Patient (If not signed by the Patient)