

**Acknowledgment of Dr. Kirk Massner's Privacy Practice Policies**  
**And**  
**Written Consent for Use and Disclosure of Health Information**  
**Also**  
**Consent for Dental Treatment**

You have the right to read our Notice of Privacy Policies before you decide whether to sign the Consent. Our notice provides a description of our treatment, payment activities and healthcare operations, of the uses and disclosures we may make of your protected health information. We encourage you to read our Notice of Privacy Practices posted in this office carefully and completely before signing this consent.

I have had full opportunity to read and consider the contents of this consent form and your notice of Privacy Practices. I understand that by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations. The purpose of this consent form is for disclosure and use of personal individual patient records and also my consent for Dr. Massner to perform necessary dental treatment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Representative for  
Patient \_\_\_\_\_

Date \_\_\_\_\_

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our notice, at any time by contacting:

**Kirk Massner D.D.S.**  
**210 North 4<sup>th</sup> Street**  
**Burlington, Ia 52601**

**(319)752-5494**