



Perry B. Young, D.D.S., LTD.

Diplomate American Board of
Oral & Maxillofacial Surgery

PRIVACY PRACTICES ACKNOWLEDGEMENT FORM

Patient Name

Date of Birth

Due to HIPAA privacy laws, we are unable to speak to anyone other than the patient without written permission. Please list any family members or friends who you allow us to release medical information to:

Full Name

Relationship

Telephone #

Cell # / Alt. #

Please note pursuant to Nevada Revised Statute NRS 629.051, all medical health care records retained by this office of a patient who is 23 years of age or older may be destroyed after 5 years.

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Patient Signature or Responsible Party

Today's Date