



In Order to reduce the amount of paper necessary for orthodontic treatment this sheet will acknowledge your receipt and understanding of the **LETTER OF AGREEMENT** and **BREAKAGE POLICY**. I have been made aware of or received a copy of the office's **NOTICE OF PRIVACY PRACTICES**. I also understand that I may refuse to sign a copy of the **NOTICE OF PRIVACY PRACTICES**.

My signature below indicates that I have read, understood and received the above documents pertaining to orthodontic treatment.

Print Patient's name

Responsible Party Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)
