



**Tinsworth Orthodontics**

*Creating a Bright Future... One Smile at a Time*

## **Practice Policies on Patient Privacy**

### **Dear Patient and Family:**

By law, we need to have the enclosed forms signed and on file for all of our patients. We are mailing this to you because we have not been able to process these forms at the office visits.

### **Please do the following so that we may comply with the new federal and state laws:**

1. Read the “**Notice of Privacy Practices**” handout at your leisure; it is yours to keep.
2. Read the “**Acknowledgement of Receipt of Notice of Privacy Policy**” form; sign and date the **Patient Acknowledgement** section and mail this form to us in the enclosed stamped, self-addressed envelope (by law, you don’t require a copy, but you can make a copy if you like).
3. Read the “**Patient Privacy Consent**” form, enter the date at the bottom of the form, initial the six areas below that you consent to, and sign the form. Keep the copy for yourself and mail us the original in the enclosed stamped, self-addressed envelope.

If you have any questions, please do not hesitate to call.

**Thank you; we very much appreciate your help in this matter.**

*Dr. Steven Tinsworth*

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