

-- You may refuse to sign this acknowledgement --

I, _____ have received a copy of Triax Dental's Notice of Privacy Practices:
(printed name)

Signature: _____ Date: _____

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or alternative locations, you may complain to us using the contact information listed at the end of the Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy officer: **Jeffrey L. Wolf**

Telephone: **615-915-6102**

Fax: **615-915-6091**

Address: **330 Wallace Road, Suite #106, Nashville, TN 37211**