

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for Doering Family Dental, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. A copy of this signed, dated Acknowledgement shall be as effective as the original.

Please Print Your Name: \_\_\_\_\_

Please Sign Your Name: \_\_\_\_\_

If you are the legal representative of the patient, please print the patient's name: \_\_\_\_\_, and describe your authority: \_\_\_\_\_.