

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: _____.