

Notice of Privacy Practices Acknowledgment of Receipt

The Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

In addition to the copy we are providing to you, copies of the current notice are available by accessing our website at www.myperfectsmilesdentistry.com and may be obtained through our office.

I acknowledge that I have received the Notice of Privacy Practices

Signature of Patient or Patient's Representative

Date

Print Name

Relationship to Patient

Interpreter (if applicable)