

Privacy Practice Acknowledgement

By completing this form you are acknowledging that we have advised you that we will not disclose your personal information with anyone.

If we submit claims to your dental insurance carrier on your behalf, we will provide to them only the necessary information for claims processing.

ACKNOWLEDGEMENT FORM

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name _____ **Birthdate** _____

Signature _____ **Date** _____