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**Acknowledgement of Receipt  
Of Notice of Privacy Practices**

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Patient Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have received a copy of the Notice of Privacy Practices for the above named practice.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Pinehurst Dental may release information of my health to the following

Name \_\_\_\_\_

Name \_\_\_\_\_

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Prepared By \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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