

Acknowledgement of Receipt of Privacy Practices

I, _____ have received a copy of Arroyo Center for Aesthetic Dentistry's Notice of Privacy Practices with an effective date of December 5, 2007.

Name of Patient

Address of Patient

May we leave messages at the contact numbers we have on file? ____ Y ____ N

Signature of Patient _____ **Date** _____

Name of Witness _____

Signature of Witness _____ **Date** _____