

## PRIVACY PRACTICE ACKNOWLEDGEMENT

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

Patient or Guardian Signature

<b>3</b> Jental
DeWispelare Family Dentistry
Family Dentistry

## PRIVACY PRACTICE ACKNOWLEDGEMENT

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

Patient or Guardian Signature

Patient Name		Patient Name	
Birthdate	Date	Birthdate	Date
Patient or Guardian Signature		Patient or Guardian Signature	
5 Famil	eWispelare y Dentistry	5 Fami	Dental DeWispelare ly Dentistry
PRIVACY PRACTICE ACKNOWLEDGEMENT		PRIVACY PRACTICE ACKNOWLEDGEMENT	
ACKNO	WLEDGEWIENI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
I have received the	Notice of Privacy Practices and ed the opportunity to review it.	I have received th	e Notice of Privacy Practices and ded the opportunity to review it.
I have received the I have been provide	Notice of Privacy Practices and	I have received th	•