

Name of Practice: Vintage Dental Spa

## Acknowledgement of Receipt of Notice of Privacy Practices

The Health Portability and Accountability Act of 1996 requires that health care providers give patients a copy of the office Notice of Privacy Practices and make a good faith effort to obtain an acknowledgment of receipt of same. You may refuse this acknowledgment form.

**By signing this form, I confirm that I have received a copy of the office Notice of Privacy Practices.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_