

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 acknowledge of receipt of same. You may refuse this acknowledgement form.

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

Print Name: _____

Signature: _____

Date: _____