

# Notice of Privacy Practices

## Robert C. Doshier D.D.S. P.A. Acknowledgement of Receipt of Notice of Privacy Practices

You may print this form, fill out and bring with you to your appointment.

### **\*\*You May Refuse to Sign or Send This Acknowledgement\*\***

I, , have received a copy of this office's Notice of Privacy Practices

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{Signature - if printing and mailing}

{Date}