

RECEIPT OF NOTICE OF PRIVACY PRACTICE
WRITTEN ACKNOWLEDGMENT FORM

I, _____ have received or was offered a copy of
(Print Patient's Name)

The Miller Family Dentistry, LLC's, Notice of Privacy Practices.

(Patient's or Guardian's Signature)

PLEASE INDICATE BELOW UNDER BOTH ALL OF THE NAMES AND RELATIONSHIPS OF
THOSE WITH WHOM WE MAY SPEAK TO REGARDING THE FOLLOWING INFORMATION.
(i.e., spouse, parent, child, relative, caregiver etc)

DENTAL TREATMENT

ACCOUNT INFORMATION

TODAY'S DATE
