



Center for Specialized Dentistry

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Privacy Practices

Acknowledgement of Receipt of Notice of Privacy Practices

*You may refuse to sign this acknowledgement.

Acknowledgement

I, _____, have received a copy of The Center for Specialized Dentistry/Dr. John V. Louis, DMD, LLC's Notice of Privacy Practices.

Print Name (if other than patient)

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

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