

# NOTICE OF PRIVACY PRACTICE

## Patient Acknowledgment of Receipt

*Arcadia Dental Group*

The Healthcare Notice of Privacy Practices recognizes that patients have the Rights to Privacy concerning their personal health information. We make every effort to protect and preserve patient records in a manner that secures this information.

By signing this acknowledgment:

**You are only confirming that you understand the Privacy Practices of this office.**

Print your name: \_\_\_\_\_

Sign your Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_