

**Acknowledgement of receipt of privacy practices notice**

**Scituate Family Dental  
81 Danielson Pike  
North Scituate, RI 02857**

This document acknowledges that you have received a copy of "Notice of Privacy Practices".

This document is not a contract, authorization, release, or consent form. This document will remain in your records.

I, \_\_\_\_\_, acknowledge that I have reviewed a copy of the Notice of Privacy Practices.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or legal guardian (if patient under 18)

\_\_\_\_\_  
Date