

Pacific Dental Center

James A. Snow, DDS, INC.

Acknowledgement of Receipt of Notice of Privacy Practices

I \_\_\_\_\_ acknowledge that I have received a copy of Pacific Dental Center, James A. Snow, DDS, INC.'s Notice of Privacy Practices. This Notice describes how James A. Snow, DDS, Inc. may use my healthcare information, and rights I may have regarding my protected health information.

\_\_\_\_\_

(Signature of Patient, or Personal Representative)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Relationship to Patient)