Stoneybrook Dental

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ACKNOWLEDGEMENT OF RECEIPT OF

NOTICE OF PRIVACY PRACTICES

You may refuse to Sign this Acknowledgement

The undersigned acknowledges receipt of a copy of the currently effective **Notice of Privacy Practices** this _____day of _____ _____20___.

A copy of this signed and dated Acknowledgement shall be as effective as the original.

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Thank you, and if you have any questions about this form or the attached Notice, please see our Front Desk Staff.