

The Smile Zone

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement. ****You may refuse to sign this acknowledgement.

I acknowledge that I have received or been offered a copy of this office's Notice of Privacy Practices.

Signature: _____

Date:

I hereby authorize the following person(s) to have access to information covered under the privacy practice regarding myself. Please include their relationship to you.

Response Date: