ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Ι,	, acknowledge receipt this day from of THE NOTICE OF PRACTICES of Park
Park South Dental PLLC, of a copy of	of THE NOTICE OF PRACTICES of Park
South Dental PLLC.	
Date: Patient's Signat	ture:
D : 11	
Received by:	
(Drint Name of Staff Mamber)	-
(Print Name of Staff Member)	
(Signature of Staff Member)	-
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