Acknowledgement of receipt of privacy practices notice

Seacoast Family Dental
7355 Post Rd.
North Kingstown, RI 02852

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