ACKNOWLEDGEMENT OF RECEIPT

OF NOTICE OF PRIVACY PRACTICES

Effective February 16, 2026

IMPORTANT: A copy of this Notice of Privacy Practices is available to you at any time. Please inform our staff if you would like a printed or electronic copy.

Our dental and medspa practice is required by law to maintain the privacy of your protected health information and to provide our Notice of Privacy Practices explaining our legal duties and privacy practices with respect to your information.

By signing below, you acknowledge that you have reviewed (and received if requested) a copy of our Notice of Privacy Practices.

Patient Name (Printed): _____

Patient Signature: _____

Date: _____

If signed by Personal Representative:

Name of Representative: _____

Relationship to Patient: _____

Signature of Representative: _____

Date: _____