



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES & OFFICE POLICIES FOR LYNCHBURG DENTAL CENTER

I, _____, have received a copy of this office's Notice
(Patient's Printed Name)

of Privacy Practices (Form GC200) and Office Policies (Form GC100).

Whom may we speak to regarding your treatment or account?

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

(Patient's Printed Name)

(Date)

(Patient's Signature or P.O.A.)