

## Patient's Acknowledgment Form

I, \_\_\_\_\_, acknowledge that I received and reviewed the office Privacy Policy Notice for

**Standish Denture Center LLC.**

Patient's signature: \_\_\_\_\_  
sign

Date: \_\_\_\_\_

In case you do not agree to sign this form, our office must indicate why you declined to do so.

Reason for patient's refusal:

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Privacy director's  
signature: \_\_\_\_\_

Date: \_\_\_\_\_