

Dental Practice of Dr. Gregory S. Apsey D.D.S.

Acknowledgement of Receipt of this Practices Privacy Notice

I acknowledge that I have received, and/or reviewed the notice of the Privacy practices of this office. I am aware that I may receive a paper copy of this notice if I request it. In addition, I acknowledge that this notice of the practice's Privacy Practices is posted in the office where I can review it if desired.

Patient or Patient Representative of patients under age 18

date

If patient representative signs above, please describe the relationship to the patient