

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**\*\*You may refuse to sign this acknowledgement\*\***

I, ....., have received a copy of  
Holmdel Orthodontics' Notice of Privacy Practices.

\_\_\_\_\_ -Parent/Guardian Name (if Minor)

\_\_\_\_\_ -Patient Name

\_\_\_\_\_ -Signature

\_\_\_\_\_ -Date