

Leigh E. Snyder D.D.S.

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(586) 775-1490

Acknowledgment of receipt of Privacy Practices

* You may refuse to sign this acknowledgment*

I, _____, have been offered an opportunity to read this office's Notice Of Privacy Practices. I consent to your disclosures of my information, which you deem are necessary in connection with my treatment.

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify)

