

Stubbs Family Dentistry, L.L.C.

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Acknowledgement of Receipt of Notice of Privacy Practices and Procedures

Stubbs Family Dentistry, L.L.C.

I have received and reviewed a copy of our dental practice's Notice of Privacy Practices and Procedures, security, and breach notification policies and procedures.

I understand that I should ask our dental practice's Privacy Official if I have any questions about these policies and procedures.

Print Name: _____

Signature: _____

Date: _____