



Acknowledgement of receipt of privacy practices notice

**Harborside Family Dental
600 Wampanoag Trail, Suite C
Riverside, RI, 02915**

This document acknowledges that you have received a copy of "Notice of Privacy Practices".

This document is not a contract, authorization, release, or consent form. This document will remain in your records.

I, _____, acknowledge that I have reviewed a copy of the Notice of Privacy Practices.

Patient signature

Date

Parent or legal guardian (if patient under 18)

Date