

See laminated copy of the HIPAA Privacy Notice for your view & acceptance on clipboard.
Please ask for a printed copy of the HIPAA Privacy Notice if you would like for your records.

R & R Dental Specialists, PC
4020 Chapel Hill Rd. Suite 101
Douglasville, GA 30135

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES

I, _____, have viewed and had an opportunity to
receive a copy of this office's Notice of Privacy Practices.

(Please Print Name)

(Signature)

(Date)