

Acknowledgement of Receipt of Notice

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of Lakeville Family Dental Centre, PA'S **"NOTICE OF PRIVACY PRACTICES,"** revision date 10/03/2003.

As required by the Privacy Regulations, Lakeville Family Dental Centre, PA has explained the **"NOTICE OF PRIVACY PRACTICES"** to my satisfaction.

As required by the Privacy Regulations, I am aware that Lakeville Family Dental Centre, PA has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

I understand that this office is not required to honor any changes to the "Notice of Privacy Practice's."

Signature

Date

Signed form received by

Date