

## Acknowledgement of Notice of Privacy Practices

\*You May Refuse to Sign This Acknowledgement\*

The privacy of your health information is important to us. This is to advise you that your health information will only be used for treatment, payment and other applicable healthcare operations. The actual Notice Of Privacy Practices is posted for viewing. A copy of the Notice of Privacy Practices will be given on request.

I, \_\_\_\_\_, have been  
advised of Tri-State Periodontics, PSC Privacy Practices.

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Please Print Name

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Signature

Date