



Acknowledgement of receipt of privacy practices notice

**Shoreline Family Dental
100 Halls Road Suites 10-12
PO Box 397
Old Lyme, CT 06371**

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