

**PRIVACY ACKNOWLEDGEMENT**

Dental Practice of Mianecki & Carlino D.D.S., P.C.

Acknowledgement of Receipt of this Privacy Notice

I acknowledge that I have received, and/or reviewed the notice of the Privacy practices of this office. I am aware that I may receive a paper copy of this notice if I request it. In addition, I acknowledge that this notice of the practices Privacy Practices is posted in the office where I can review it if desired.

\_\_\_\_\_  
Patient or Patient Representative or Parent of patients under 18

\_\_\_\_\_  
Date

(If patient representative signs above, please describe the relationship to the patient.)