

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

I, _____, have received a copy of **Ancy Verdier, DMD PC**'s Notice
Patient Name

of Privacy Practices.

DESIGNATED REPRESENTATIVE

I authorize discussion of my PHI (protected health information, including treatment, payment and healthcare operations) with:

Spouse: _____

Child(ren): _____

Other: _____

Patient Signature

Date