



2731 FM 1463 Suite 500

Katy, TX 77494

281-712-6980

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have been provided a copy of Sealy Dental Center's Notice of Privacy Practices, which has an effective date of 09/22/2013, and which describes how my health information may be used and disclosed.

I understand that Sealy Dental Center has the right to change the Notice of Privacy Practices at any time, that I will be provided a copy of any updated version, and that I may contact you at any time to request a current Notice of Privacy Practices.

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices.

Signature of Patient or Patient's Representative

Date

Print Name

Relationship to Patient