



GILLIS & DALTON
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PRIVACY PRACTICES ACKNOWLEDGEMENT

I have had the opportunity to read the Patient Privacy Notice for Gillis & Dalton Family Dentistry, PLLC. I understand that I may ask for a copy to take with me at any time, and that an appointed person is available to answer any questions that I may have now, or in the future, regarding the use on my Personal Health Information.

Patient Signature

Date

Practice Witness

Date