

**Emmet Dental P. C**  
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Jamaica, NY 11432  
718. 657. 4838  
718. 657. 0099fax

***ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE***

I, \_\_\_\_\_, acknowledge that I have received a notice of  
privacy practices from the above named practice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to the patient: \_\_\_\_\_

***RECONOSCO HABER RECIBIDO NOTIFICACION DE PRACTICAS DE PRIVACIDAD***

El suscrito, \_\_\_\_\_, reconoce haber recibido un aviso de  
privacidad en el consultorio indicado mas arriba.

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

Relacion con el paciente: \_\_\_\_\_