



Beth C. Dunsmoor, DDS, PA
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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided a copy of Beth C. Dunsmoor, DDS, PA's Notice of Privacy Practices, which has an effective date of June 14, 2017, and which describes how my Personal Health Information (PHI) may be used and disclosed.

I understand that the practice 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 the practice at any time to request a current Notice of Privacy Practices.

My signature below acknowledges that I have seen a copy of the Notice of Privacy Practices and one is available to me should I request one:

Signature of Patient or Patient's Representative

Date

Printed Name

Relationship to Patient if not signed by patient.