

4811 NW 1st Street, Suite #4 Lincoln, NE 68521 Tel (402) 435-7700 www.canyonechodental.com

Acknowledgement of Receipt of Notice of Privacy Practices

(You May Refuse to Sign This Acknowledgement)

| l, | have received a copy of the NOTICE |
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| OF PRIVACY PRACTICE. I hereby au | thorize you to share/ disclose my health information with |
| the following persons/ parties: | |
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| SIGNATURE OF PATIENT | SIGNATURE OF LEGAL GUARDIAN |