

**SHEM CREEK DENTAL ASSOCIATES  
ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

**\*\*You May Refuse to Sign This Acknowledgement\*\***

I, \_\_\_\_\_ have received a copy of this office's Notice of  
(Please Print Name)  
Privacy Practices.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)