**1st SCOTTSDALE DENTAL**

Dr. Sroujieh & Dr Nejad

10304 N. Hayden Road, Suite 110

Scottsdale, AZ 85258

480-922-5555

**Acknowledgement of Receipt of Notice of Privacy Practices**

Your name and signature on this sheet indicate that you have been given the opportunity to review and request a copy of the 1ST SCOTTSDALE DENTAL, DR’S Sroujieh & Nejad, Notice of Privacy Practices (Notice) on the date indicated. If you have any questions regarding the information in 1ST SCOTTSDALE DENTAL, DR’S Sroujieh & Nejad Notice of Privacy Practices, please do not hesitate to contact an office representative as indicated on your Notice.

Patient Name (Printed):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Patient Representative, Name (Printed):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Patient Representative, Relationship to Patient (Printed):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Notice Received:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_