



**BREAUX BRIDGE**  
FAMILY DENTISTRY

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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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\*YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I have received a copy of Breaux Bridge Family Dentistry's notice of Privacy Practices or a copy of Breaux Bridge Family Dentistry's notice of Privacy Practices has been made available to me.

Print Name: \_\_\_\_\_

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

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

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