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PRIVACY ACT ACKNOWLEDGEMENT

I have received and reviewed the Notice of Privacy Practices that outlines the governance, collection, maintenance, use, and dissemination of personally identifiable information.

Please Print Name _____

Signature _____

Date _____

Please list whom we may discuss your dental needs and treatment with

For office use only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)
