



Acknowledgement of Receipt of Summary of Notice of Privacy Practices

I acknowledge that I have received a copy of the Summary of Tyler Oral & Facial Surgery Center's Notice of Privacy Practices. I am also aware that a full-length copy will be made available to me upon request.

Patient's Name (Please Print)

Patient (Or legal guardian) Signature

____/____/____
Date

**IF THE PATIENT IS UNDER THE AGE OF 18,
A PARENT OR LEGAL GUARDIAN MUST
SIGN THIS ACKNOWLEDGEMENT!**