BOWCUTT DENTAL

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ACKNOWLEDGMENT OF OUR NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have received or have been given the opportunity to receive a copy of Kevin Bowcutt, DDS Notice of Privacy Practices. By signing below I am only giving acknowledgment that I have received or had the opportunity to receive the Notice of our Privacy Practices.

HIPAA

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Patient Name (Type or Print)   Date

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Signature