

# **Advanced Dental Health Center**

Pampering Patients, Brightening Smiles

Clayton C. Cummings, D.D.S.

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## *Acknowledgement of Privacy Practices*

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*I, \_\_\_\_\_, have reviewed and/or received a copy of this office's Notice of Privacy Practices. (Print Name)*

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*Signature*

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*Date*

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## *For Office Use Only*

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

- Communication Barrier
  - Other (Please Specify)
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