

# Peter V. Lecca DDS

TMJ Therapy • Cosmetic and Restorative Dentistry

## Acknowledgement of Receipt of Notice of Privacy Practices

**This form acknowledges that you have been provided with a copy of our office's Notice of Privacy Practices.**

Please print your name

Your Signature

Date

### For Office Use Only

We attempted to obtain an Acknowledgement of receipt of our office's Notice of Privacy Practices, but such Acknowledgement could not be obtained because:

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