



Johnston Family Dentistry

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Notice of Privacy Practices

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of this practice's *Notice of Privacy Practices*, revision date 06/25/2019. _____

Patients Initial

As required by the Privacy Regulations this practice has explained the "*Notice of Privacy Practices*" to my satisfaction.

As required by the Privacy Regulations. I am aware that this practice has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

Signature

Date

(Office Use Only)

Signature form received by: _____ **Date:** _____