

**dba: Bryan Dental Group
442 West High St., Suite 2
Bryan, Ohio 43506
419-636-3163**

businessmanager@brvandentalgroup.com

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 the Bryan Dental Group Notice of Privacy Practices. By signing below, I am “only” giving acknowledgment that I have received or have had the opportunity to receive the Notice of our Privacy Practices.

Patient Name (Type or Print)

Date

Signature