

**ACKNOWLEDGEMENT**  
**RECEIPT OF NOTICE OF PRIVACY**  
**PRACTICES FOR**  
**Andrew Z. Green, D.D.S.**

By signing below, I acknowledge that I have received the Notice of Privacy Practices from the practice.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date