

WELLINGTON CENTER FOR LASER DENTISTRY

PRIVACY NOTICE ACKNOWLEDGEMENT

WELLINGTON CENTER FOR LASER DENTISTRY is committed to protecting the privacy of your personal healthcare information. We take this very seriously, and as such you may expect to receive newsletters and emails from us highlighting our privacy policy. More importantly, our privacy notice is written and available for you to read and take with you.

Kindly acknowledge that you have been given and read, or offered a copy of our privacy notice.

I, _____, on behalf of SELF or _____, hereby acknowledge that I have been given a copy of the office privacy notice and read it, or have been given the opportunity to receive such a privacy notice.

Signature

Date

Printed Name

Yo, _____, confirmo que he recibido una copia del informe sobre la privacidad de mi información o que me han ofrecido una copia de dicho informe. Esto aplica a mi información y a la de _____.

Firma

Fecha

Nombre completo