

**Dr. Alan Litvinov
1740 Culver Road
Rochester NY 14609**

Notice of Privacy Practices Acknowledgement

1. I, _____ have read and understood

Dr. Alan Litvinov's Notice of Privacy Practices.

Signature of Patient

Date

2. List the names of any people you would like to have access to your medical information:

a) _____
Name Relationship

b) _____
Name Relationship

c) _____
Name Relationship

Please, fill out the form and return it at your next dental appointment.

Alan Litvinov, DDS