

Jay Harris Levy, D.D.S.
511 SW 10th Suite 1102
Portland, OR 97205
(503) 222-2157

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have been provided the Notice of Privacy Practices for this office.

Patient's Complete Legal Name

Signature _____ Date _____

Relationship of Legally Authorized Representative to Patient
