

# THE DENTIST

WINDWARD PARKWAY CENTER

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## **Receipt of our Notice of Privacy Practices**

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by mail or in person at our office.

By signing below, you acknowledge that you have read and/or received a copy of our Notice of Privacy Practices on the date indicated below.

Patient(s) Name(s): \_\_\_\_\_

Patient/Responsible Party Signature: \_\_\_\_\_

Date: \_\_\_\_\_