

Stuart M. Nunnally, D.D.S., F.A.G.D.

Lane B. Freeman, D.D.S.

Candice H. Owens, D.D.S.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I HAVE RECEIVED A COPY OF THIS OFFICE'S

NOTICE OF PRIVACY PRACTICES

I have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

****Required**

****Please Print Name:** _____

****Signature:** _____

****Date:** _____