

**PIKE PLACE DENTAL**

**Kent de Vigné, D.D.S., M.P.H.**

## Acknowledgement of Receipt

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

I \_\_\_\_\_ have been provided and read Pike Place Dental's Statement of Privacy Practices notice.

Acknowledge receipt of the Statement of Privacy Practices notice.

Please allow the person listed below access to my records.

Spouse

Other

\_\_\_\_\_  
(print spouse or other's name)

\_\_\_\_\_  
(patient's signature)

Decline to sign acknowledgement

(reason) \_\_\_\_\_

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Email: [info@pikeplacedental.com](mailto:info@pikeplacedental.com) – Website: [www.pikeplacedental.com](http://www.pikeplacedental.com)