



ACCENT
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Acknowledgement of Receipt of Notice of Privacy Practices

Your name and signature on this sheet indicate that you have been given the opportunity to review and request a copy of the Accent Family Dentistry at Angier's Notice of Privacy Practices (Notice) on the date indicated. If you have any questions regarding the information in AFD's Notice of Privacy Practices, please do not hesitate to contact us as indicated on your notice.

Patient name (Printed):

If Patient Representative, Name (Printed):

If Patient Representative, Relationship to Patient (Printed):

Account # or Dental Record #

Signature:

Date Notice Received:
