Dr. Alan Litvinov
126 Jackson Road Extension
Penfield NY 14526

Notice of Privacy Practices Acknowledgement

1. I, _____ have read and understood

   Dr. Alan Litvinov's Notice of Privacy Practices.

   _____ _____
   Signature of Patient Date

2. List the names of any people you would like to have access to your medical information:

   a) _____ _____
   Name Relationship

   b) _____ _____
   Name Relationship

   c) _____ _____
   Name Relationship

Please, fill out the form and return it at your next dental appointment.

Alan Litvinov, DDS