





**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

Dr. Wuensch and his staff are fully compliant with all federal and state privacy laws. No one from this office will discuss your medical/ dental condition or treatment with anyone outside of this office without your consent.

I understand that the Health Information Privacy Protection Act (HIPPA) is available for me to read at any time.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date