

Dr. Francis X. Amato, III, DMD
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**ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

I, _____, have received a copy of the privacy practice notice for the office of Dr. Francis X. Amato, III, DMD.

Patient Name: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY
Check all that apply:

- ____ Individual refused to sign.
- ____ Communication barriers prohibited obtaining.
- ____ An emergency situation prohibited us from obtaining.
- ____ Other (please specify):

