

If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this notice.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of Mountainside Oral Care's Notice of Privacy Practices.

Patient Name: _____

Signature: _____

Date: _____

Serban Olaru, DMD