



Acknowledgement Form

Alexander Desman, DMD, MS
376 SW Prima Vista Blvd • Port St. Lucie, FL 34983
772-340-0023

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

THIS UNDERSIGNED ACKNOWLEDGES THE CURRENTLY

EFFECTIVE NOTICE OF PRIVACY PRACTICES FOR

DR. ALEX DESMAN DMD MS

DATE: _____

A COPY OF THIS SIGNED, DATED ACKNOWLEDGMENT SHALL

BE EFFECTIVE AS THE ORIGINAL

PLEASE PRINT PATIENT NAME: _____

PLEASE SIGN YOUR NAME: _____

IF YOU ARE THE LEGAL REPRESENTATIVE OF THE PATIENT,

PLEASE PRINT YOUR NAME IN DESCRIBED AUTHORITY

MOTHER: _____

FATHER: _____

LEGAL GUARDIAN: _____