



**ACKNOWLEDGMENT OF RECEIPT
OF
NOTICE OF PRIVATE PRACTICES**

I acknowledge receipt of a copy of the Notice of Privacy
Practices of Chapman Orthodontics, Joshua A. Chapman DDS, MSD

Patient's name

Patient's Signature (if adult patient)

Patient's Parent or Guardian's Signature (if minor patient)

Date

3925 East Hagan St., Ste. 201
Bloomington, IN 47401
812-822-2489

1683 Dixie Highway
Mitchell, IN 47446
812-849-4175

BloomingtonBraces.com