

Coastal Connecticut Dentistry, LLC
Dennis W. Sindel, D.D.S.
Lloyd P. McDonald, D.D.S.
Marjorie W. Barndt, D.M.D.
112 Cross Road
Waterford, CT 06385

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement.

I, _____, have received a copy of this office's Notice of Privacy Practices.

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Date

I give permission for **Coastal Connecticut Dentistry, LLC** to give the listed persons below any personal health information.

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