



NORTH BROWARD  
CENTER FOR  
LASER PERIODONTICS AND IMPLANTS

**Avi Schetritt, D.M.D. • C. Nicholas DeTure, D.M.D.**

**Notice of Privacy Practices- Acknowledgement**

Our **NOTICE OF PRIVACY PRACTICES** describes in more detail how your health information may be used and disclosed, and how you can access your information.

The law requires that you acknowledge in writing that you have read and understood the **NOTICE OF PRIVACY PRACTICES**, summarized above, before treatment.

I, \_\_\_\_\_, have received a copy of the North Broward Center for Laser Periodontics and Implants' Privacy Act.

\_\_\_\_\_  
(Patient Signature)

\_\_\_\_\_  
(Print signer's name)

\_\_\_\_\_  
(Date)