

**Southern Nevada Oral & Maxillofacial Surgery**  
**Jay K. Selznick, D.M.D., M.D.**

Receipt of Notice of Privacy Practice

Written Acknowledgement Form

I, \_\_\_\_\_, have received a copy of Jay K. Selznick,  
D.M.D., M.D.'s notice of privacy practices.

\_\_\_\_\_

Signature of patient

\_\_\_\_\_

Date