

ACKNOWLEDGEMENT OF RECEIPT OF **NOTICE OF PRIVACY PRACTICES**

You may refuse to sign this acknowledgement

I, _____ have been offered and received,
if desired, a copy of the Notice of Privacy Practices for Fairlawn Endodontics.

Please Print Name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

___ Individual refused to sign.

___ Communication barriers prohibited obtaining the acknowledgement.

___ An emergency situation prevented us from obtaining acknowledgement.

___ Other (Please specify)

