

ENDODONTIC ASSOCIATES, INC.

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.
Please Print Patients Name and Legal Guardian if patient is a minor
Signature of Patient or Legal Guardian
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
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