

NORTHSHORE ENDODONTICS

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 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**
 - Communications barriers prohibited obtaining the acknowledgement**
 - An emergency situation prevented us from obtaining acknowledgement**
 - Other (Please Specify)**
- _____

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