

Advanced Endodontic Therapy

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Advanced Endodontic Therapy is required by applicable federal and state law to maintain the privacy of your health information. We are also required to provide you a Notice of Privacy Practices that explains our privacy practices, legal duties and your rights concerning health information.

I have had opportunity to read and consider the contents of your Notice of Privacy Practices. I understand that in signing this acknowledgement form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and healthcare operations.

Please Print Name

Signature

Date

For Office Use Only

We attempt 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)
