

Western Mass Endodontics, P.C.

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name & Address:

I have received a copy of the Notice of Privacy Practices.

| | |
|------------------|-------------|
| | |
| Signature | Date |

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

| |
|--|
| |
|--|

- Other:

| |
|--|
| |
|--|

| | |
|--------------|--|
| Prepared by: | |
| Signature: | |
| Date: | |