
North Fulton Endodontics, P.C.

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

****You may refuse to sign this acknowledgement****

I, _____, have read and understand this office's Notice of Privacy Practices. (Upon request by patient a copy of notice of Privacy Practice)

(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)