



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
You May Refuse to Sign This Acknowledgement

I, _____ [full name], have received a copy of the Empire Endodontics Notice of Privacy Practices or have been given direction on how to obtain a copy online.

Print Name _____

Signature _____ Date _____

If this acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's Name _____

Relationship to Patient _____

FOR PROGRAM USE ONLY

Patient Name _____ Date _____

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

Employee initials _____

Communications barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (Please Specify) _____