

Advanced Endodontics, LLC

Thank you for helping us comply with HIPAA. We appreciate your cooperation but,
You May Refuse to Sign This Acknowledgment.

I understand a copy of this office's Notice of Privacy Practices (NPP) is available to me at my request.

I understand that Advanced Endodontics's NPP is posted in their reception room. I understand that NPP may change from time to time and that I may contact this organization at any time to obtain a current copy of their NPP.

Patient Name:_____

Signature:_____

Signature of Guardian if Patient is under age 18 or Unable

to Sign:_____

Relationship to Patient:_____

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)
