
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

I, the undersigned, have received a copy of Red Rocks Endodontics LLC privacy practices.

Unless otherwise stated below, I authorize Red Rocks Endodontics LLC (and/or the office staff) to communicate with my immediate family regarding my dental treatment, account balance, and/or appointment reminders.

I understand that I have the right to refuse to sign this acknowledgement.

Patient request or additional information: _____

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):
