

**ENDODONTIC ASSOCIATES, LTD  
1050 Baltimore Pike – STE 6  
Springfield, PA 19064**

\* You May Refuse to Sign This Acknowledgment\*

**I have received a copy of this office’s Notice of Privacy Practices.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**My Protected Health Information can be shared with the following people or entities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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)

\_\_\_\_\_  
\_\_\_\_\_  
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