ADVANCED MICRO-ENDODONTICS, INC
MICROSCOPE-BASED ENDODONTICS

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

(HIPPA PRIVACY document (also know as Notice of Privacy Practices) is enclosed at the back of this packet, please let office staff know if you would like to receive a physical copy of the document.)

I,_____ have received a copy of this office's Notice of Privacy Practice (HIPAA) .

Sign Name: _____

Date: _____

FOR OFFICIAL USE ONLY

We attempted to obtain written Acknowledgement of Receipt of Notice of Privacy Practices, but acknowledgment could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communication barriers prohibited from obtaining the acknowledgment
- ☐ An emergency situation prevented us from obtaining acknowledgment
- ☐ Other (please specify)

_____ _____

Employee Signature Date