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Endodontic Innovations
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ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

The Undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for Endodontic Innovations this _____ day of _____, 20____. A copy of this signed, dated Acknowledgement shall be as effective as the original.

Please print your name

Please sign your name

If you are the legal representative of the patient, please print the patient's name(s) and describe your authority/relationship to the patient:

Thank you and if you have any questions about this form or the attached Notice, please contact our Privacy Official, _____

Office Use Only

As Privacy Official, I attempted to obtain the patient's (or representative's) written acknowledgement of our Notice of Privacy Practices due to the following reason.

- It was an emergency treatment _____
- The patient refused to sign _____
- Communication Barriers _____
- The Patient was unable to sign because (please describe)

Signature of Privacy Official