

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

* You may refuse to sign this acknowledgement *

I, _____, have received a copy of Surprise and/or Desert Sun Endodontic's Notice of Privacy Practices.

I hereby permit Surprise and/or Desert Sun Endodontics to use my health information, and/or to disclose my health information to any third party payer, or to any party involved in my health care.

This consent shall be in force and in effect as long as I am a patient in this practice.

I understand that I have the right to revoke this consent, in writing, at any time by sending such written notification to Surprise and/or Desert Sun Endodontics.

I understand that information used or disclosed pursuant to this consent may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

_____ (PRINT name)

_____ (Signature)

_____ (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

_____ Other:

