

Metrowest Endodontics "DBA"

for Endodontic Associates in Framingham P.C. and Weston Endodontics L.L.C.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse the right to sign this acknowledgment*

I have reviewed a copy of this office's Notice of Privacy Practices.

(Please 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
- ☐ Communication barriers prohibited obtaining an acknowledgement
- ☐ An emergency situation prevented us from obtaining an acknowledgment
- ☐ Other (Please specify)

