

Kerr Endodontics P.C.

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES  
(04/2003)

Our practice is committed to securing the privacy of your health information. A copy of our Notice of Privacy Practices is included with this registration information. While you are not required to read this Notice, we would like your acknowledgement that you have been notified that our practice has provided you the opportunity to read and keep our Notice of Privacy Practices information.

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

For Office Use Only

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

1. Individual refused to sign.
2. Communication barriers prohibited obtaining the acknowledgement.
3. An emergency situation prevented us from obtaining acknowledgement.
4. Other – Specify.

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

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Name of Dentist

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

