

Steve Osmond, DDS, MSD
Practice Limited to Endodontics

Acknowledgement of Receipt of Notice of Privacy Practices

You may refuse to sign this acknowledgement

I have received a copy of this office's notice of privacy practices.
(YOUR COPY IS THE NEXT PAGE)

_____
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 the acknowledgement

☐ An emergency situation prevented us from obtaining acknowledgement

☐ Other (Please Specify)

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