

# ***SOUTHWEST ENDODONTIC SPECIALISTS, L.L.P.***

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## **ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

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*\*You may refuse to sign this acknowledgment\**

I, \_\_\_\_\_, have received a copy of this office's Notice of  
Patient/Parent/Guardian name – Please print  
Privacy Practices.

\_\_\_\_\_  
Patient/Parent/Guardian Signature

\_\_\_\_\_  
Date

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### **For Office Use Only**

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A good-faith attempt to obtain written acknowledgment of receipt of our Notice of Privacy Practices was made, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify)

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

\_\_\_\_\_  
Signature (staff member)

\_\_\_\_\_  
Date