



2287 Raleigh Ct Ste A
Clarksville, TN 37043

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES and FINANCIAL POLICY

I, _____, have received a copy of this
(please print your name here)
Alliance Endodontics' Notice of Privacy Practices and Alliance Endodontics Financial Policy.

Signature

Date

**I authorize Alliance Endodontics to share information with the following people
regarding my appointments and health history information:**

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For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice Of Privacy Practices and
Alliance Endodontics Financial Policy, 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)