



## Notice of Privacy Practice

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

I have received/read a copy of the offices' Notice of Privacy Practice. With my signature below, I acknowledge that all of my questions were addressed and answered.

**Signature** -----

**Date** -----

### For office Use Only:

We attempted to obtain written acknowledgement of our Notice of Privacy Practice but could not due to:

Patient refused to sign

Communication barriers prohibited obtaining of the acknowledgement

An emergency situation prohibited obtaining of the acknowledgement

Other (specify)

---

114 CROSS ROAD, WATERFORD, CT 06385 • PHONE: (860) 447-2572 • FAX: (860) 447-2638

62 WELLS STREET, WESTERLY, RI 02891 • PHONE: (401) 637-4610

---

[WWW.PRO-ENDO.COM](http://WWW.PRO-ENDO.COM)