

# Acknowledgement of Receipt of Notice of Privacy Practices

**CRYSTAL LAKE ENDODONTICS**  
610 Crystal Point Drive, Suite 6  
Crystal Lake, IL 60014  
[\(815\) 455-9155](tel:(815)455-9155)

**\* You May Refuse to Sign This Acknowledgment\***

**I have received a copy of this office's Notice of Privacy Practices.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Right to Revoke:**

I have the right at any time to revoke this Acknowledgement for any reason. I have the right to sign this portion **at a later time/date** of my choice to revoke my Acknowledgment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **For Office Use Only**

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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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) \_\_\_\_\_