



WEST GA ENDODONTICS

RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I may receive a copy of the Notice of Privacy Practices from West Georgia Endodontics, which sets forth the ways in which my personal health information may be used or disclosed by West Georgia Endodontics, and outlines my rights with respect to such information by **asking for a copy at the front desk.**

Signature _____ Date _____