COLUMBIA
ENDODONTIC GROUP, P.S.
300 SE 120th Avenue, Ste. 600 Vancouver, WA 98683

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgment

I _____, have received a copy of this office's Notice of Privacy Practices.
(Please Print Patient's Name)

_____
(Signature of Patient of Guardian of Patient)

_____
(Date)

I authorize Columbia Endodontic Group, P.S. to share my Health care and billing information with,

_____ Patient Signature _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment 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)

Date: _____