

**Greenville Endodontics
PRACTICE LIMITED TO ENDODONTICS**

Acknowledgement of Receipt of our Notice of Privacy Practices

Greenville Endodontics Notice of Privacy Practices has been provided for me to review.

I understand that the purpose of this notice is to inform me of my rights in regard to my Protected Health Information and also the ways in which Greenville Endodontics may use my Protected Health Information.

Patient (or Patient's Legal Representative)
Signature

Date

Patient Name

Date