

**ENDODONTIC ASSOCIATES IN FRAMINGHAM, P.C.**

**WESTON ENDODONTICS, LLC.**

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**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

**\*You may refuse the right to sign this acknowledgment\*\***

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

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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**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
- Communication barriers prohibited obtaining an acknowledgement
- An emergency situation prevented us from obtaining an acknowledgment
- Other (Please specify)

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