



FRANK HERNANDEZ, DMD, PA
endodontics

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

You May Refuse to Sign this Acknowledgement

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices this _____ day of _____, 20____.

A copy of this signed, dated Acknowledgement shall be as effective as the original.

Please print your name

Please sign your name

Thank you, and if you have any questions about this form or the attached Notice, please contact our privacy officer, Chris Mahler.