

**VALLEY ENDODONTICS, PC**

595 N Center Road, Suite 5

Saginaw, MI 48638

9890790-3636

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**ACKNOWLEDGEMENT OF RECEIPT AND CONSENT OF PRIVACY PRACTICES**

*\* You May Refuse to Sign This Acknowledgment\**

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Signature of Parent/guardian \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

**Effect of Declining Consent:** This consent is a condition of your treatment by us. If you decide not to sign this consent, we may decline to treat you.

**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
- communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

\_\_\_\_\_

Signature of office employee \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*PLEASE READ AND COMPLETE THE CONSENT TO TREAT ON THE BACK OF THIS FORM\*\*\***