

# *CYPRESS ENDODONTICS, PLLC*

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Cypress, Tx 77433

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## **ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

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I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

(Print name) Patient/Parent/Guardian

\_\_\_\_\_  
(Signature) Patient/Parent/Guardian

\_\_\_\_\_  
Date

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### **For Office Use Only**

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A good-faith attempt to obtain written acknowledgment of receipt of our Notice of Privacy Practices was made, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature (staff member)

\_\_\_\_\_  
Date