

# MCKINNEY

## ENDODONTICS

MATTHEW LLOYD, DMD, MSD

### ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

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

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Please Print Name

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Signature

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Date

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- Individual refused to Sign
- Communications barriers prohibited obtaining the acknowledgment
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