

Michigan Endodontics, P.C.
Blue Water Endodontics

Steven E. Fegan DDS, MS, Derik P. DeConinck DDS and Associates

Patient Acknowledgement
of Privacy Policies

I acknowledge that I have read/ received a copy of the Notice of Privacy Practices. ☐
(Check)

Patient Signature: _____

Printed Name: _____

Date: _____

_____ For Office Use Only _____

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices,
but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other: