

Greenville Endodontic Associates, P.A.

Dr. Harry G. Bobotis, D.M.D.

Acknowledgment of Receipt of our Notice of Privacy Practices

Greenville Endodontic Associates, P.A. Notice of Privacy Practices has been provided for me to review.

I understand that the purpose of this notice is to inform me of my rights in regard to my Protected Health Information and also the ways in which Greenville Endodontic Associates, P.A. may use my Protected Health Information.

Patient (or Patient's Legal Representative)
Signature

Date

Patient Name

Date