

**NOTICE OF PRIVACY PRACTICES  
PATIENT ACKNOWLEDGMENT**

**CONTACT INFORMATION**

If you have questions, would like additional information, or wish to exercise your rights, please contact:

Practice Name: Endodontics of Colorado, LLC  
Address: 11200 E. Mississippi Ave Aurora, CO 80012 / 19700 E. Parker Square Drive #8, Parker, CO 80134  
Phone Number: 303-696-1919 , 303-805-4141  
Email (optional): info@endoofco.com

**PATIENT ACKNOWLEDGMENT OF NOTICE**

By signing below, you acknowledge that you have received a copy of this Notice of Privacy Practices and understand your rights under HIPAA and applicable federal confidentiality laws, including special protections related to Substance Use Disorder (SUD) information.

- I acknowledge receipt of this Notice of Privacy Practices.
- I understand that SUD-related information may have additional protections.
- I understand my right to opt out of fundraising communications.
- I understand that certain disclosures may require my written authorization.
- Their SUD-related information cannot be used for fundraising without consent.

Patient Name (Print): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

If the patient is unable or unwilling to sign, staff should document the reason here.

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

If you believe your privacy rights have been violated, you may file a complaint with us or with OCR. You will not be penalized for filing a complaint.

Practice Privacy Officer: Shane Christensen  
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