

Michael B. Marcus DDS, Ltd.

**Acknowledgement of Receipt of Notice of
Privacy Practices**

I,(please print) _____, have received a copy
of this office's Notice of Privacy Practices.

Signature _____

Date _____

Please note that you may refuse to sign this acknowledgement.

For Office Use Only

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

___ Individual refused to sign.

___ Communications barrier prohibited obtaining the acknowledgement.

___ An emergency situation prevented us from obtaining acknowledgement.

___ Other (please specify)

This form is educational only, does not constitute legal advice, and covers only federal, not state law (August 14,2002).