

Premier Surgical Specialists, P.C.

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below I acknowledge that I have been offered a copy of the Notice of Privacy Practices Form for the practice Premier Surgical Specialists, P.C.

Patient Signature

Witness

Date

Date

Documentation of Failure to Obtain Signed Acknowledgement:

On _____, _____, presented this Acknowledgement of Receipt of Notice of Privacy Practices Form to _____ (the "patient"). The Patient refused to provide signature when requested.

Privacy Officer:

Mark Herman, M.D.
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