

Michael J. Lucas, M.D., F.A.C.S. Bruce B. McIntosh, M.D., F.A.C.S. Mark A. Herman, M.D., F.A.C.S. Nichole Urban, M.D.

WellPointe Medical Building 1701 South Blvd East, Suite 270, Rochester Hills, MI 48307 Phone 248-853-3100 / Fax 248-853-4300

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 /Guardian Signature	Witness
Print Name of Patient	Patient's Date of Birth
Date of Signature	Date
Documentation of Failure to Obtain Signed A	Acknowledgement:
On,	, presented this Acknowledgement of
Receipt of Notice of Privacy Practices Form to _	
(the "Patient"). The Patient refused to provide a	signature when requested.
Privacy Officer:	
Mark Herman, M.D. 1701 South Blvd. East, Suite 270 Rochester Hills, Michigan 48307	

(248) 853-3100