

Da Vinci Cosmetic Surgery Center

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

* You may refuse to sign this acknowledgment *

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

(Signature)

(Date)

For Office use only

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

- Individual refused to sign
- Communication barriers prohibit obtaining the
acknowledgement
- An emergency situation prevented us to obtain
acknowledgement of receipt
- Other (Please specify)