

Acknowledgement of Receipt of Notice of Privacy Practices

Mark D. Sueoka, DDS

****You May Refuse to Sign This Acknowledgement****

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

_____ (Print Name)

_____ (Signature)

_____ (Date)

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 barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (Please Specify)
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