



## 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 for the Practice of Doc Now Urgent Care, 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 Acknowledgement:

On \_\_\_\_\_, presented this Acknowledgement  
of Receipt of Notice of Privacy Practices to \_\_\_\_\_

(the "Patient/Guardian"). The Patient /Guardian refused to provide a signature  
when requested.

### Privacy Officer:

Mark Herman, M.D.  
1701 South Blvd. East, #270  
Rochester Hills, Mi. 48307  
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