

Mark C. Rogers, DDS, MAGD
MASTERS OF THE ACADEMY OF GENERAL DENTISTRY
1972 N. Future Terrace
Lecanto, Florida 34461

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
You May Refuse to Sign This Acknowledgment.**

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for Mark C. Rogers, DDS, MAGD this _____ day of _____, 20___. A copy of this signed, dated Acknowledgement shall be as effective as the original.

PLEASE PRINT YOUR NAME

PLEASE SIGN YOUR NAME

If you are the legal representative of the patient, please print the patient's name and describe your authority.

Thank you and if you have any questions about this form or the attached Notice, please contact our privacy officer.

Office Use Only

As privacy officer, I attempted to obtain the patient's (or representative) signature on this Acknowledgment but did not because:

It was emergency treatment

I could not communicate with the patient

The patient refused to sign.

The patient was unable to sign because _____

Other (please describe) _____

Signature of privacy officer