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**Robert D. Marus, D.D.S.**  
**ACKNOWLEDGEMENT OF RECEIPT OF**  
**NOTICE OF PRIVACY PRACTICES**

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

\_\_\_\_\_  
{Please Print Name}

\_\_\_\_\_  
{Signature}

\_\_\_\_\_  
{Date}

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**For Office Use Only**

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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)