

iCare Oral Surgery
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**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

**** YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT****

Name: _____ Date: _____

Address: _____ Phone #: _____

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

Signature: _____

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
- Communication Barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

