



RICHARD L. BECKERMEYER, D.D.S., PC

123 MARMONT STREET ● NILES, MI 49120

I _____, have received a copy of the Notice of the Privacy Practices of the office of Dr. Richard Beckermeyer, D.D.S., P.C.

I DO WISH my protected health care information to be released to the following persons:

_____ (name in full)

Please print your name _____

Please sign your name _____

Office use:

The office was unable to obtain a signed acknowledgement form from the patient for the following reasons: