

EXHIBIT 4

**WRITTEN ACKNOWLEDGEMENT FORM
RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**LEAVITT MEDICAL ASSOCIATES OF FLORIDA, INC.
D/B/A ADVANCED DERMATOLOGY AND COSMETIC SURGERY
(sometimes referred to in this Exhibit as the “practice” or “AD&CS”)**

I, _____, have (1) received a copy Notice of the Privacy
Patient Name
Practices of Advanced Dermatology and Cosmetic Surgery (AD&CS) or (2) been
offered a copy of AD&CS’ Notice of the Privacy Practices but declined to accept a copy.

Signature of Patient

Date

**WRITTEN ACKNOWLEDGEMENT OF PATIENT REFUSAL TO SIGN A
RECEIPT OF NOTICE OF PRIVACY PRACTICES**

On the ___ day of _____, 2006, the Notice of Privacy Practices of AD&CS was
_____ offered and/or _____ give to _____.
Patient Name

_____ The Patient accepted a copy of the Notice of Privacy Practices but refused to sign
an acknowledgement that it was given to the patient.

_____ The Patient refused to accept a copy of the Notice of Privacy Practices and
refused to sign an acknowledgement that it was offered to the patient.

Signature of AD&CS Employee
who offered the Patient the Notice

Date