

Acknowledgement of Receipt of Notice of Privacy Practices

Privacy Officer: Teresa Wheat (949) 644-1025 Effective Date: April 14, 2003

I hereby acknowledge that I received a copy of the Notice of Privacy Practices for the above, medical practice. I further acknowledge that a copy of the current notice is posted in the reception area and that any amended Notice of Privacy Practices will be made available at my next appointment.

Print Name: _____

Signed: _____

Date: _____

Telephone: _____

If not signed by the patient, please indicate:

Relationship:

- Parent or Guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient

Name of Patient: _____

Notice of Privacy Practices Acknowledgement Tracking Information

Complete the following only if the Patient refuses to sign the Acknowledgment:

Efforts to obtain: _____

Reasons for refusal: _____

Employee Name: _____