



312 Lincoln Center  
Stockton, CA 95207  
209-474-7271  
www.pacificcompounding.com

### Receipt of Notice of Privacy Practices

Notice to patient:

We are required to advise you of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. By signing below, you acknowledge that you have received our Notice of Privacy Practices.

---

Patient's name

Patient's Date of Birth

---

Personal Representative name

Relationship to Patient

---

Signature

Date

#### For Office Use Only

In the case that written acknowledgement could not be obtained, please select reason below.

Patient/Personal Representative refused to sign.

Patient/Personal Representative was unable to sign.

The Patient had a medical emergency and an attempt to obtain the acknowledgment will be made at the next available opportunity.

Other reason (please specify): \_\_\_\_\_

---

Signature of Workforce Member Completing Form

Date