

Acknowledgement of Receipt of Notice of Privacy Practices

Ninh H. Tran, M.D., Privacy Officer 650 596-1999

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Signed: _____ Date: _____

Print Name: _____ Telephone: (____)_____

If not signed by patient, please indicate

Relationship: _____

Name of Patient: _____