

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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.

First Name	Last Name			
Street Address	City		State	Zip
SIGNED		Date		
Print Name		Phone		
If NOT signed by the patient, please indicate relationship:				

NOTICE TO CONSUMERS

Medical doctors are licensed and regulated by the Medical Board of California phone: 800-633-2322 | website: www.mbc.ca.gov