Acknowledgement of Receipt of Notice of Privacy Practices



250 East Yale Loop, Suite 204, Irvine, CA 92604

I hereby ackno physicians. I f	further acknowledge that a copy of	the Notice of Privacy Practices for the above the current notice is posted in the reception Practices will be made available at my ne	ve on
Signed:	D	Date:	
Print Name: _	Т	elephone:	
If not signed by	the patient, please indicate:		
Relation	nship:		
	Parent or guardian of minor patien	nt	
	Guardian or conservator of an inco	ompetent patient	
	Beneficiary or personal representa	ative of deceased patient	
Name of	f Patient:		
Noti	ice of Privacy Practices Acknow	ledgment Tracking Information	
Complete the fol	llowing only if the Patient refuses to sig	n the Acknowledgment:	
Efforts to ob	otain:		
Reasons for	refusal:		

Employee Name: