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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICY AND PRACTICES

I hereby acknowledge that I reviewed a copy of the Marina Village Medicine Notice of Privacy Policy and Practices. By my signature below, I am authorizing Marina Village Medicine use of my information as detailed in their Privacy Policy.

Signed: _____ Date: _____

Print Name: _____

Relationship to Patient (if not acknowledged or signed by the patient): _____

As a policy, we will not share information outside of the allowances in our Privacy Policy. If you would like to specifically permit sharing with others, please include the names and relationships below:

VOICEMAIL

PLEASE REVIEW AND INITIAL BELOW:

_____ I understand that it is sometimes helpful to leave voicemail messages on cellular and home phones. By initializing above, I am agreeing to allow Marina Village Medicine to leave administrative as well as clinical voice messages at the phone numbers provided to them.