



ACKNOWLEDGEMENT 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.

NOTICE TO CONSUMERS

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

Patient Name: _____ Address: _____

SIGNED: _____ DATE: _____

Print Name: _____ PHONE: _____

If NOT signed by the patient, please indicate relationship:

_____ Parent or Guardian of minor patient

_____ Guardian or Conservator of an incompetent patient

