



30110 Crown Valley, Suite 101 | Laguna Niguel, CA 92677

## Acknowledgment of Receipt of Notice of Privacy Practices

**Privacy -Security officer - AMY PATEL Office- Manager - 949-363-5322**

I hereby acknowledge that I received a copy of this medical practice's Notice of Private 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 Private Practice at each appointment.

Name:

Date of Birth:

Address:

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No restrictions

Please provide with the preferred telephone number and personal E-Mail for contact:

Type of Personal Health Information to be restricted or limited: (Please check all that apply):

**Check for the Restrictions below:**

Do not call or contact as marked below

Home Telephone.

Voice Mail at home.

Voice mail at work.

Other restrictions requested

If not signed by the patient, please indicate

Parent or guardian of a minor patient.

Guardian or conservator of an incompetent patient.

Beneficiary or personal representative of deceased patient.

**PRINT NAME**

Signature

Date: