



2810 Crow Canyon Road, Suite 201; San Ramon, CA 94583

Acknowledgement of Receipt of Privacy Practices Notice

I, _____ (Patient)
Acknowledge that I have received a copy of the Notice of Privacy Practices.

Patient's Signature

Date

If the patient is a minor, a parent or legal guardian must sign.

Parent or Legal Guardian's Signature

Date

Relationship to Patient

If the patient is not a minor, but under the care of a relative, friend, or caregiver,
sign here.

Signature

Date

Relationship to Patient