

Acknowledgement of Receipt of Notice of Privacy Practices

Drs. Behrstock, Carlson, Gunay, Pelinka, Rodriguez, & Taylor
1190 Baker St., Suite 103, Costa Mesa, CA 92626

Privacy Officer: Lorraine Tiffany-Malone 714-668-2525

Updated: 04.08.2016

I hereby acknowledge that I received and read a copy of the Notice of Privacy Practices for the above physicians. I further acknowledge that a copy of the current notice is posted in the reception area and that any amended Notice of Privacy Practices will be made available at my next appointment. (You may request a copy of the document.)

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate:

Relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient

Name of Patient: _____

Notice of Privacy Practices Acknowledgment Tracking Information

Complete the following only if the Patient refuses to sign the Acknowledgment:

Efforts to obtain: _____

Reasons for refusal: _____

Employee Name: _____