

Acknowledgement of Receipt of Notice of Privacy Practices

Irvine Internal Medical Group, Inc.

Privacy Officer: (949) 653-5810

Effective Date: January 3, 2006

I hereby acknowledge that I received 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.

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
- Beneficiary or personal representative of deceased patient

For Internal Office Use Only

Notice of Privacy Practices Acknowledgement Tracking Information

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

Efforts to obtain: _____

Reasons for refusal: _____

Employee Name: _____



Irvine Internal Medical Group

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