

# 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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