



**Acknowledgement Of Receipt Of
Notice Of Privacy Practices
Practice Manager, Privacy Officer, Lynn Camacho**

I hereby acknowledge that I received a copy of this medical practice Notice of Privacy Practices.

Signature

Date

Print Name

Family Members and Friends

Please INITIAL the spaces if you would like us to disclose information about your protected health information to the following person or persons:

Initials 1. _____
Parent/Guardian: (name)

Initials 2. _____
Spouse or Domestic Partner: (name)

Initials 3. _____
Children: (name)

Initials 4. _____
Friends/Other: (name)