



TERRY L. FRANKLIN, M.D.

1011 Cass Street Suite 106  
Monterey, CA 93940  
Phone: (831) 647-3190  
Fax: (831) 373-1007

ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES AND FINANCIAL POLICIES

I hereby acknowledge that I received a copy of Terry L Franklin, MD's privacy practices.

I hereby acknowledge that I received a copy of Terry L Franklin, MD's office and financial policies.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Date

If not signed by patient, please indicate relationship:

\_\_\_\_\_ Parent of Guardian of Minor Patient

\_\_\_\_\_ Guardian or Conservator of an Incompetent Patient

\_\_\_\_\_ Beneficiary of Personal Representative