

Associates in Family Medicine
M. Michelle Hamidi, MD
5222 Balboa Ave Suite #31
San Diego, CA 92117
Phone (858) 565-6394 Fax (858) 565-6471

Acknowledgement of Receipt of Notice of Privacy Practices

Notice to Patient:

We are required to advise you of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. A copy will be provided upon request.

I acknowledge that I have been made aware of this office's Notice of Privacy Practices. I may refuse to sign this acknowledgement, if I wish.

Patient's name

Patient's Date of Birth

Please print your name here (if different from above) Relationship to Patient

Signature

Date

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this patient, but it could not be obtained because:

- Patient account number _____
- The patient refused to sign.
- Due to an emergency situation, it was not possible to obtain an acknowledgement.
- We weren't able to communicate with the patient.
- Other *(Please provide specific details)*

Employee signature

Date