



EAR, NOSE & THROAT
Head & Neck Surgery

16100 Sand Canyon Ave Ste 310 Irvine CA 92618
31862 Coast Hwy Ste 302 Laguna Beach CA 92651
Tel: (949) 715-0500 Fax: (949) 715-0504

Acknowledgement of Receipt of Notice of Private Practices

Orange Coast Ear, Nose and Throat reserves the right to modify the private practice outlined in the notice.

Signature – I have received a copy of the Notice of Privacy Practices for Orange Coast Ear, Nose, and Throat.

Name of Patient (Print of Type)

Signature of Patient

Date

Signature of Patient Representative to Patient
(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient

Authorization to Identify Self with Messages

My signature below authorizes the doctor and/or his staff to identify themselves when calling to leave a message regarding my appointments, test results, or other medical information on any answering device or with the person answering the phone.

Signature

Date

OFFICE USE ONLY

I attempted to obtain the patients signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason:
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