Receipt of Notice of Privacy Practices

Written Acknowledgement Form.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have been made available a copy of

 Patient Name

**Please check one:**

\_\_\_\_\_\_\_\_Dr. Omar Selod’s Notice of Privacy Practices

\_\_\_\_\_\_\_\_Dr. Lan Le’s Notice of Privacy Practices

\_\_\_\_\_\_\_\_Dr. Keith Louden’s Notice of Privacy Practices.

\_\_\_\_\_\_\_\_Dr. Austen Watkins’ Notice of Privacy Practices

\_\_\_\_\_\_\_\_Dr. Neha Shah’s Notice of Privacy Practices

\_\_\_\_\_\_\_\_Dr. Benecia Williams’ Notice of Privacy Practices

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Signature of Patient Date