

Acknowledgement of Receipt of Notice of Privacy Practices

Tarzana Endocrine and Medical Group

18370 Burbank Blvd., Suite #601,

Tarzana, California 91356

Mark L. Geller, M.D., Privacy Officer

(818) 996-5700

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices and/or fully understand Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Yes No (circle one) I would like to receive a copy of any amended Notice of Privacy Practices

e-mail at: _____ . A paper copy can be provided upon request.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate:

Relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient

Name of Patient: _____

TEMG

Vers. 2 Sept. 2013