

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.

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: _____

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Notice of Privacy Practices Acknowledgments Tracking Information

Name of Patient: _____

Address: _____

Optional Patient Identification Information [In case of duplicate patient name]:

Patient Account Number: _____ or

SSN: _____.

For Office Use Only:

| | |
|--|-----------------------------|
| Date received: | Processed by: |
| Practice Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Practice Follow-up: |

Attach Patient Signed Acknowledgement or complete the following on follow up appointment:

Complete the following only if the Patient refuses to sign the Acknowledgment's

Efforts to obtain:

Reasons for refusal:

