

**Morgan Hill Foot and Ankle Center**

**16360 Monterey Rd Suite 270**

**Morgan Hill CA 95037**

**P: 408-612-4752 F: 408-612-8171**

**Patient Acknowledgement of Receipt of Privacy Practices Notice**

I, \_\_\_\_\_, hereby acknowledge that I have reviewed and received a copy of this office's *Notice of Privacy Practices* explaining:

- How this office will use and disclose my protected health information
- My privacy rights with regard to protected health information
- This office's obligations concerning the use and disclosure of my protected health information

I understand that the *Notice of Privacy Practices* may be revised from time to time and that I am entitled to receive a copy of any revised *Notice of Privacy Practices* upon request.

I also understand that if I have any questions or complaints, I may contact Dr. Sara Karamloo in writing at 16360 Monterey Rd Suite 270 Morgan Hill CA 95037.

You may also contact the Secretary of the U.S. Department of Health and Human resources with any concern regarding our privacy and security policies and procedures.

**Patient or Personal Representative**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**For Office Use Only**

We made a good faith effort to obtain an acknowledgement of \_\_\_\_\_'s receipt of our *Notice of Privacy Practices*. In spite of these efforts, our office has been unable to obtain a signed acknowledgement of receipt for the following reasons (check all that apply):

- Patient refused to sign (date of refusal)
- Communication barriers prohibited obtaining an acknowledgement
- An emergency situation prevented us from obtaining an acknowledgement
- Other

Attempt was made by: \_\_\_\_\_