

HIPAA Notice of Privacy Practices - Acknowledgement of Receipt

**Pacific Bone and Joint Clinic
Christopher J. Chen, MD**

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices.

I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

If I would like to receive a copy of any amended Notice of Privacy Practices by e-mail, I will fill out my e-mail address in the space below:

_____.

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

Name and Address of Patient:
