

**Alamitos Podiatry Group  
Seal Beach Podiatry Group  
550 Pacific Coast Highway, Suite #209  
Seal Beach, CA 90740**

**ACKNOWLEDGMENT OF RECEIPT  
OF  
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had opportunity to read if I so chose) and understood the Notice.

**\*\*You may refuse to sign this acknowledgement\*\***

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Authorized Representative (if applicable)

\_\_\_\_\_  
Signature

For office use only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledge acknowledgement could not be obtained because:

\_\_\_\_ Individual refused to sign

\_\_\_\_ Communications barriers prohibited us from obtaining acknowledgement

\_\_\_\_ An Emergency situation prevented us from obtaining acknowledgement

\_\_\_\_ Other (please specify)

\_\_\_\_\_  
\_\_\_\_\_