

Acknowledgement of Receipt of Notice

Pulmonary Associates
1720 El Camino Real, Suite 150
Burlingame, CA 94010
Carol Hiroshima, Privacy Officer
650-697-7079

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

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate your relationship to the patient:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient
- Acknowledgement verbally – unable to sign

Name of Patient: _____

For Office Use Only:

Signed form received by: _____

Acknowledgment refused:

Efforts to obtain:

Reasons for refusal:

