

Acknowledgment of Receipt of Notice of Privacy Practices

*Peninsula Gastroenterology Medical Group
2900 Whipple Avenue Suite 245, Redwood City, CA 94062
Privacy Officer Telephone Number 650-365-3700*

I hereby acknowledge that I received or reviewed 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 patient waiting area, and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

I authorize Peninsula Gastroenterology Medical Group to discuss my medical treatment with the following (i.e. spouse, friend, children. There is no need to list referring physicians):

NAME OF PERSON

RELATIONSHIP TO PATIENT

Print **Your** Name: _____

Telephone: _____

Signature: _____ Date: _____

If not signed by the patient, please indicate relationship below:

- Parent or Guardian of Minor Patient
- Guardian or Conservator of an incompetent Patient
- Beneficiary or personal representative of deceased patient

Name of Patient: _____