



Diabetes Care Center

A Medical Corporation

Acknowledgement of Receipt of Notice of Privacy Practices

Rick Gomez, Administrator/Privacy Officer—(831)769-9355

I hereby acknowledge that I received a copy of the 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 I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

- I would like to receive a copy of any amended Notice of Privacy Practices by e-mail at:

_____.

Print Name: _____ Date: _____

Signed: _____ Telephone: _____

If not signed by the patient, please indicate:

Relationship:

- Guardian or conservator of an incompetent patient
 Beneficiary or personal representative of deceased patient

Name of Patient: _____