

Acknowledgement of Receipt of Notice of Privacy Practices

Newport Medicine Group, Inc.
520 Superior Ave., Suite 220, Newport Beach, CA 92663

Privacy Officer: Susan Stephens (949) 642-2333

Effective Date: April 14, 2003

I hereby acknowledge that I received a copy of the Notice of Privacy Practices for the above physicians. I further acknowledge that a copy of the current notice is posted in the reception area and that any amended Notice of Privacy Practices will be made available at my next appointment.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate: Birth date: _____

Relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient

Name of Patient: _____

Notice of Privacy Practices Acknowledgment Tracking Information

Complete the following only if the Patient refuses to sign the Acknowledgment:

Efforts to obtain: _____

Reasons for refusal: _____

Employee Name: _____