FORM 13.G.2.

NOTICE OF PRIVACY PRACTICES: ACKNOWLEDGMENT OF RECEIPT

ACKNOWLEDGMENT OF RECEIPT

By signing this form, you acknowledge receipt of the "Notice of Privacy Practices" of Saddleback Family and Urgent Care. Our "Notice of Privacy Practices" tells you how we may use and disclose your protected health information. Please read it completely.

We may change our "Notice of Privacy Practices." If we change our notice, you may obtain a copy of the revised notice by: accessing our website or contacting our organization at 949-452-7544

If you have any questions about our "Notice of Privacy Practices," please contact: Yadira Sanchez 949-297-0237

I acknowledge receipt of the "Notice of Privacy Practices" of [name of covered entity].

Date:_____ Time:_____ AM / PM

Signature: _____
(patient/legal representative)

If signed by someone other the patient, indicate relationship: _____

Print name: _____
(legal representative)

INABILITY TO OBTAIN ACKNOWLEDGMENT

Complete only if no signature is obtained. If it is not possible to obtain the individual's acknowledgment, describe the good faith efforts made to obtain the individual's acknowledgment, and the reasons why the acknowledgment was not obtained.

Patient Name: _____

Reasons why the acknowledgment was not obtained:

- ☐ Patient refused to sign this Acknowledgment even though the patient was asked to do so and the patient was given the Notice of Privacy Practices.
- ☐ Other: _____

Date:_____ Time:_____ AM / PM

Signature: _____
(provider representative)

Print name: _____
(provider representative)