

**Acknowledgement of Receipt of Notice of Privacy Practices**

***Coastal Cardiology, A Medical Corporation***

1941 Johnson Suite 101 (Main office)  
San Luis Obispo, CA 93405

**Administrator & All Supervisors (805) 782-8844 Privacy Officers**

I hereby acknowledge that I received 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 reception area, and that I may request a copy of any amended Notice of Privacy Practices at each appointment.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

If not signed by the patient, please indicate relationship:

Parent of guardian of minor patient

Guardian or conservator of an incompetent patient

Name & Address of Patient: \_\_\_\_\_

**Notice of Privacy Practices Acknowledgments Tracking Information**

***For Office Use Only:***

Date received: \_\_\_\_\_

Processed by: \_\_\_\_\_

Practice Follow-up: Yes  No

Date of Practice Follow-up: \_\_\_\_\_

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

Efforts to obtain: \_\_\_\_\_

Reasons for refusal: \_\_\_\_\_