

HIPAA Notice of Privacy Practices - Acknowledgement of Receipt



Spruce Multispecialty Group
1275 East Spruce, Suite 101. Fresno. California 93720

Privacy Officer:

Barbara Cordova/Office Supervisor
(559) 439-5757

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 a copy of any amended Notice of Privacy Practices will be available at each appointment.

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

_____.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient

Name and Address of Patient: _____

