



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

GRAYBILL MEDICAL GROUP, INC.

Privacy Officer (760) 291-6696

I hereby acknowledge that I have been offered a copy of Graybill Medical Group's Notice of Privacy Practices. I have been advised that a copy of the current notice will be posted in the reception area, and that any amended Notice of Privacy Practices will be available at each appointment.

Form fields for Patient Name, Date of Birth, Signature, Date, Patient Phone, and Name of Physician.

If not signed by the patient, please indicate relationship:

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

I would like to receive a copy of any amended Notice of Privacy Practices via e-mail.

My email address is: