

Acknowledgement of Receipt of Notice of Privacy Practices

Shasta Critical Care Specialists

Privacy Officer: Office Manager – 530.232.3000

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.

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
- Beneficiary or personal representative of deceased patient.

Name of patient _____

Is there someone you want Shasta Critical Care Specialists to release information to?

- Yes No

If yes:

Name:	Relationship to Patient
_____	_____
_____	_____

