

**Acknowledgement of Receipt of Notice of Privacy Practices
California Spine Care**

I hereby acknowledge that a copy of the current notice of Privacy Practices will be posted in the reception area, and that I may be offered a copy of any amended Notice of Privacy Practices at each appointment.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate:

Name of Patient: _____

Relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient