



Rom R. Karin, M.D.

David P. Arnstein, M.D.

William S. Lewis, M.D.

Acknowledgement of Receipt of Notice of Privacy Practices

Privacy Official: Office Manager 408.395.6125

I hereby acknowledge that a copy of this medical practice's Notice of Privacy Practices has been made available to me. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Yes No I would like to receive a copy of any amended Notice of Privacy Practices.

By email at _____

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- Parent or guardian of minor patient
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Name of Patient _____

For Office use Only:

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Efforts to obtain _____

Reasons for refusal _____