



**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES \***

\*You may refuse to sign this acknowledgement \*

Center for Surgery of Encinitas will use and disclose your personal health information to treat you, to receive payment for the care we provide, and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care.

We have prepared a detailed *Notice of Privacy Practices* to help you better understand our policies about your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website, and have copies available for distribution.

I have received a copy of this facility's *Notice of Privacy Practices*.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature Date

**For Office Use Only**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but the acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT**  
Include completed consent in the patient's medical record