



Pacific Cancer Care

Advanced Treatment. Personalized Care.

Acknowledgement of Receipt

Notice of Privacy Practices

Privacy Officer: Valeria M. Wareham, Executive Director

Ph: (831) 375-4105

By signing this form, you acknowledge receipt of the "Notice of Privacy Practices" of Pacific Cancer Care. Our "Notice of Privacy Practices" provides information about how we may use and disclose your Protected Health Information. We encourage you to read it in full. Our "Notice of Privacy Practices" is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting our organization at (831) 375-4105. If you have any questions about our "Notice of Privacy Practices", please contact: Valeria M. Wareham, Privacy Officer.

I hereby acknowledge receipt of a copy of the Notice of Privacy Practices, of Pacific Cancer Care.

Signed _____ Date: _____
(Patient/legal representative)

Print Name: _____ Telephone: _____

If signed by someone other than 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

Print Name: _____
(legal representative)

Inability to obtain acknowledgement: Complete only if no signature is obtained. If it is not possible to obtain the individuals acknowledgement, describe the good faith efforts made to obtain the individuals acknowledgement, explain the reasons why the acknowledgement was not obtained.

Patient Name: _____

Reasons why the acknowledgement was not obtained:

- Patient refused to sign this acknowledgement even though the patient was asked to do so and the patient was given the Notice of Privacy Practices.
- Other: _____

Date: _____ Time: _____ (am/pm)

Signature: _____
(Provider Representative)

Print Name: _____
(Provider Representative)