

Acknowledgement of Receipt of Notice of Privacy Practices

San Francisco Women's Healthcare, Inc.
450 Sutter Street, Suite 1108, San Francisco, CA 94108
3838 California Street, Suite 412, San Francisco, CA 94118
Elenor Shimosaka, Practice Administrator (415) 563-9000

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 I will be offered a copy of any amended Notice of Privacy Practices in each appointment.

I would like to receive a copy of any amended Notice of Privacy Practices by e-mail at:

_____.

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: _____