

## Acknowledgment of receipt of Notice of Privacy Practices:

Dr. Barsam Gharagozlou M.D  
2260 Gladstone Drive Suite 8  
Pittsburg, Ca 94565  
Phone: (925) 267-6000  
Fax: (925) 267-6100

Date: \_\_\_\_\_

I hereby acknowledge that I received a copy of the medical practice Notice of Privacy Practice. 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.

Patient Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signed: \_\_\_\_\_

### **IF NOT SIGNED BY THE PTIENT PLEASE INDICATE:**

Relationship:

- Parent or guardian or minor patient
- Guardian of conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient