

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE**

DR. MARIE C CANTU

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of Dr. Marie C. Cantu's "NOTICE OF PRIVACY PRACTICES," revision date 2013.

As required by the Privacy Regulations, \_\_\_\_\_ from Dr. Marie C Cantu has explained the "NOTICE OF PRIVACY PRACTICES" to my satisfaction.

As required by the Privacy Regulations, I am aware that Dr. Marie C Cantu has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

Requests:

\_\_\_\_\_ I wish to file a "Request for Restriction" of my Protected Health Information.

\_\_\_\_\_ I wish to file a "Request for Alternative Communications" of my Protected Health information.

\_\_\_\_\_ I wish to object to the following in the "Notice of Privacy Practices."  
\_\_\_\_\_

I understand that this office is not required to honor any changes to the "Notice of Privacy Practices."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Signed form received by \_\_\_\_\_ Date: \_\_\_\_\_

Good faith effort to obtain receipt: (Describe)  
\_\_\_\_\_