



Southern California Prosthetics, Inc.
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Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received a copy of Southern California Prosthetics, Inc. (SCP) Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of SCP's health care operations. The Notice of Privacy Practices also describes my rights and SCP's duties with respect to my protected health information.

SCP reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of my next appointment, or accessing SCP's website.

Signature of Patient (or Personal Representative)

Please Print Name of Patient or Personal Representative

Date

If Personal Representative- State Relationship Above