



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

We understand that medical information about you and your health is personal. As the custodians of the information in your medical record, we are committed to protecting the privacy of your information as required by law, professional accreditation standards, and our internal policies and procedures.

Attached, is a copy of our Notice of Privacy Practices. This notice explains your rights, our legal duties, and our privacy practices. It also describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

For your convenience, the following is a summary of the information discussed in the notice.

- Our Pledge
- Your Personal Information
- Our Privacy Practices
- Your Written Permission
- Other Restrictions
- Your Rights
- Changes
- Questions or Complaints
- How we may use or share your information for:
 - Treatment
 - Payment
 - Health Care Operations
 - Notifications
 - Marketing
 - Research
 - Special Circumstances and the Law

Please understand that this summary is not our Notice of Privacy Practices, nor is it a substitute for the notice. The actual notice should have been given to you, as required by law, with this cover letter. If it was not, please contact our office manager at the address or phone number shown at the top of this page to receive your copy.

Your signature only acknowledges that we have provided you a copy of our Notice of Privacy Practices as required by law. The law also requires us to document the fact that we have distributed the notice by collecting and retaining these signed acknowledgments.

FTOC - TUSTIN, reserves the right to modify the privacy practices outlined in the notice. You will not be penalized or otherwise retaliated against for filing a complaint, and you can contact our office manager for further information concerning our privacy practices.

I hereby acknowledge receipt of the Notice of Privacy Practices, and the opportunity to review it.

Signature of patient, parent, or guardian, as appropriate