



Comprehensive Cardiovascular

Leading the fight against heart disease

**Viral Y. Mehta, MD | Supratim Banerjee, MD | Nassar Khan, MD
Leopoldo Puga, MD | Taya Thayapran, MD**

Bakersfield

Phone: (661) 631-5544

Fax: (661) 631-5546

Delano

Phone: (661) 725-7818

Fax: (661) 725-3484

Tehachapi

Phone: (661) 823-8604

Fax: (661) 823-7638

Lake Isabella

Phone: (760) 379-1600

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Date: _____

You have the right to refuse to sign this Acknowledgement

I, _____, have received a copy of this
(Signature of Patient or Parent/Guardian)

office's NOTICE OF PRIVACY PRACTICES as required by federal law.

Print Patient's Name

Signature of Patient or Parent/Guardian

FOR OFFICE USE ONLY

On the date above we made a "good faith effort" to obtain written acknowledgement of receipt of our NOTICE OF PRIVACY PRACTICES. We were unable to obtain acknowledgement for the following reason:

Patient refused to sign.

Other _____

(Possible reasons: Language difficulty, communication barriers, medical emergency)

(Printed Name)

(Signature of employee attempting to gain acknowledgement)