

Acknowledgement of Receipt of Notice of Privacy Practices

Irvine Family Care, Inc.
2 Osborn, Suite 180 Irvine, CA 92604

Privacy Officer: Michelle Calloway (949) 417-9820

Effective Date: January 1, 2026

I hereby acknowledge that I received a copy of the Notice of Privacy Practices for the above medical practice. I further acknowledge that a copy of the current notice is posted in the reception area and that any amended Notice of Privacy Practices will be made available at my next appointment.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate:

Relationship:

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

Name of Patient: _____ DOB: _____

Notice of Privacy Practices Acknowledgment Tracking Information

Complete the following only if the Patient refuses to sign the Acknowledgment:

Efforts to obtain: _____

Reasons for refusal: _____

Employee Name: _____