

STEPHEN J. FRANZINO

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Suite 4C
Napa, CA 94558
707-258-2547

Privacy Officer: Michelle Tesfaw

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: _____

Date of Birth: _____

I hereby acknowledge that I have received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Signed: _____ Date: _____

Relationship to patient (if signed by a personal representative of patient):
