Patient Name:	MR#:	



Notice of Privacy Practices Patient Acknowledgement

The Riverside Medical Clinic *Notice of Privacy Practices* provides detailed information about how we may use and disclose your protected health information. It also describes your right to request restrictions on how we use and disclose this information. You are being given a copy of the *Notice of Privacy Practices* at this time and we encourage you to read it in full.

Our *Notice of Privacy Practices* is also available for viewing on the RMC website which can be accessed at www.riversidemedicalclinic.com. Additional copies may be obtained by contacting our Customer Relations Department at (951) 782-5102 or (951) 697-5477.

By signing below, I acknowledge that I have been given a copy of the Riverside Medical Clinic *Notice of Privacy Practices.*

Signature:		Date:	
<u> </u>	(Patient/Parent/Conservator/Guardian)		

For RMC Staff – Use Only if Unable to Obtain acknowledgment

Complete only if no signature is obtained. If it is not possible to obtain the individual's Acknowledgment describe the good faith efforts made to obtain the individual's Acknowledgment, and the reasons why the Acknowledgment was not obtained.

Reasons why the acknowledgment was not obtained:

☐ Patient refused to sign this Acknowledgment even though the patient was asked to do so and the patient was given the Notice of Privacy Practices.					
☐ Other:					
Signature:	Date:	Time:			
Print/Type Name:					