ENT ASSOCIATES OF SANTA BARBARA

John D. McCaffery, M.D.
Jaime Munroe, PA-C

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received and understand ENT Associates of Santa Barbara's Notice of Privacy Practices containing a description of the uses and disclosures of my health information. I further understand that ENT Associates of Santa Barbara may update its Notice of Privacy Practices at any time and that I may receive an updated copy of ENT Associates of Santa Barbara's Notice of Privacy Practices by submitting a request in writing.

_____ _____ / _____ / _____ _____

Printed Patient Full Name | Date | Patient Signature

If completed by the patient's personal representative, please print name and sign below.

_____ _____ / _____ / _____ _____

Printed Patient Personal Representative | Date | Patient Representative Signature

For ENT Associates of Santa Barbara's Official Use Only

Complete this form if unable to obtain the signature of the patient or patient's personal representative. ENT Associates of Santa Barbara made a good faith effort to obtain the patient's written acknowledgment of the Notice of Privacy Practices but was unable to do so for the reasons documented below:

☐ Patient or patient's personal representative refused to sign

☐ Patient or patient's personal representative unable to sign

☐ Other _____

Printed Employee's Name _____

Employee's Signature _____ Date _____ / _____ / _____