

# Simi Medical Group, Inc.

2755 Alamo Street | Simi Valley, CA 93065  
(805) 210-7280

## NOTICE OF PRIVACY PRACTICE

### Acknowledgement of Receipt of Notice of Privacy Practices

This Notice of Privacy Practice describes how your medical information may be used and disclosed and how you may obtain access to your medical information. Please review this notice carefully.

I acknowledge that I have received a copy of the revised Notice of Privacy Practice:

\_\_\_\_\_  
SIGNATURE OF:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE OF BIRTH

Patient    Parent / Guarantor    POA - Power of Attorney   For: \_\_\_\_\_

I decline a copy of the revised Notice of Privacy Practice:

\_\_\_\_\_  
SIGNATURE OF:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE OF BIRTH

Patient    Parent / Guarantor    POA - Power of Attorney   For: \_\_\_\_\_

Instructions to Receptionist: Provide a copy of the Revised Notice of Privacy Practice to each patient. Then scan only the signed signature page into the patient's Electronic Medical Record or "EHR" (e.g. NextGen), or place the original into their medical chart if no EHR is being used.