



Effective Date: April 14, 2003

FACEY MEDICAL GROUP
Notification and Acknowledgement of
Notice of Privacy Practices
Regarding Protected Health Information

Our Notice of Privacy Practices provides detailed information about how we may use and disclose protected health information about you. As a patient you have a right to a copy of that Notice. You may obtain a copy of the Notice from our Registration Desk or from our public information web site located at <http://www.Facey.com>, or by mail:

Facey Medical Group
Attention: Director of Health Information Management
11165 Sepulveda Blvd.
Mission Hills, CA 91345

We reserve the right to change the Notice, and if we do, you may obtain a copy of the revised Notice from the same location[s] noted above.

Please acknowledge your receipt of this notification by signing below and returning it to us. Thank you.

Signature: _____ Date: _____

Patient Name	Medical Record#
Patient Date of Birth	Patient Telephone #
Dr. Name	:
Appointment	
Insurance Coverage	
Insurance Benefits - Co – Pay	

For Office Use Only