

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: Chief Privacy Officer  
11333 N. 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	Dr. #	Loc:
Appointment Date		
Insurance Coverage		
Insurance Benefits - Co – Pay		