

**Acknowledgement of Receipt
of our
Notice of Privacy Practices**

Nephrology Associates
2301 Circadian Way, Ste. A
Santa Rosa, CA 95407
707-526-2027

Name of Patient: _____

I hereby acknowledge that I received notice of Privacy Practices from Eric L. Cheung, Federico Calaf, Sandra Barrow, Rangashree Varadarajan, Lorigail T. Echipare Nephrology Associates. I further acknowledge that a copy of the current notice will be posted in the reception area and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Signed: _____ Date: _____

Print Name: _____ Phone: _____

If not signed by the patient, please indicate:

Relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient