

Susan M. Stuart M.D.
Richard A. K. Chaffoo M.D., F.A.C.S., F.I.C.S.

9850 Genesee Ave. Suite 480
La Jolla, CA 92037
(858) 623-6333 (858) 623-0204 (fax)

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I received a copy of Dr. Susan Stuart & Dr. Richard Chaffoo's notice of Privacy Practices. I further acknowledge that a copy of the current notice will be available in the reception area, and that I will be offered a revised copy at my next appointment if the Notice of Privacy Practices has been amended.

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Self/ Patient Signature: _____

Other / Responsible Party Signature: _____

Responsible Party (*PRINT*) your name: _____

Telephone: _____

Please indicate your relationship:

Parent or guardian of minor

Guardian or conservator of incompetent patient

Beneficiary or personal representative of deceased patient