



Acknowledgement of Receipt of Notice of Privacy Practices

300 W. Pueblo St
Santa Barbara, CA 93105
(805) 682-7300

Please contact our Privacy Officer (805) 682-7300 with any questions regarding the Cancer Center of Santa Barbara Privacy Notice provided to you.

I hereby acknowledge that I received a copy of the Cancer Center of Santa Barbara's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I can obtain a copy of any amended Notice of Privacy Practices at the Cancer Center of Santa Barbara.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

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
- person authorized to act on behalf of an adult or emancipated minor patient in making health care decisions (please provide us with a copy of your Power of Attorney forms).

Name of Patient: _____