

Family Allergy, Asthma, Immunology, & Sinus Center P.C.
15725 Pomerado Road, Suite # 103 Poway Ca. 92064
Phone: (858) 521- 0806 Fax: (858) 521-0808

HIPPA Notice of Privacy Practices - Acknowledgement of Receipt

Family Allergy, Asthma, Immunology, & Sinus Center P.C.

Nerin Magana, Office Manager

Phone: (858) 521-0806

I hereby acknowledge that I was offered a copy of this medical practice's Notice of Privacy Practices. I acknowledge that a copy of this practice's Notice of Privacy Practice is available upon my request. I further acknowledge that a copy of any amended Notice of Privacy Practice will be available at each appointment.

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

Name and Address of Patient (if not signed by patient):

