



Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have received a copy of Valley Medical Oncology Consultants' Notice of Privacy Practices. I further acknowledge that a copy of the current summary notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices 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
- Beneficiary or personal representative of deceased patient

Name of Patient: _____

Address of Patient: _____
