

Acknowledgement of Receipt of Notice

The Sternberg Clinic - 2100 Webster Street, Suite 400, San Francisco, CA 94115

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I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices, which is available on the practice's website (link).

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate your relationship to the patient:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient

Name of Patient: _____

For Office Use Only:

Signed form received by: _____

Acknowledgment refused:

Efforts to obtain:

Reasons for refusal:

