



## Acknowledgement of Receipt to Privacy Practice

AIRE Medical Group, Inc.

Sirarpi Manoukian, Administrator-Privacy Officer (818) 561-4533

I hereby acknowledge receipt of AIRE Medical Group, Inc. privacy practices. This notice provides detailed information about how the practice may use and disclose my confidential health information. I understand that AIRE Medical Group, Inc. has reserved the right to change its privacy practices that are described in the notice. I understand that a copy of any Revised Notice will be provided and made available to me upon request.

Yes No (circle one) I would like to receive a copy of any amended Notice of Privacy Practices by e-mail at: \_\_\_\_\_.

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
- beneficiary or personal representative of deceased patient

Name of Patient: \_\_\_\_\_

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**For Office Use Only:**

Signed form received by: \_\_\_\_\_

Acknowledgment refused:

Efforts to obtain:

\_\_\_\_\_  
\_\_\_\_\_

Reasons for refusal:

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\_\_\_\_\_