

**Acknowledgement of Receipt of Notice of Privacy Practices**

**James B. Grimes, M.D.**

**Kern Bone and Joint Specialists, Inc.**

**Rina Fann, Office Manager (661) 324-2491**

I hereby acknowledge that I received a copy of this medical practice'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 will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

I would like to receive a copy of any amended Notice of Privacy Practices by e-mail at: \_\_\_\_\_

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: \_\_\_\_\_