



A Division of Drummond Medical Group, Inc.

1111 N. China Lake Blvd. · Ridgecrest, CA 93555-3131 · Fax (760) 446-8181 · Phone (760) 446-8100

NOTICE OF PRIVACY PRACTICES

Acknowledgement of Receipt

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices of Drummond Medical Group Inc., (to include the Indian Wells Valley Surgery Center)*. Our *Notice of Privacy Practices* provides information about how we may use and disclose your *protected health Information*. We encourage you to read it in full.

Our *Notice Of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised copy by contacting our organization at (760) 446-8100 or (760) 446-4571.

If you have any questions about our *Notice of Privacy Practices*, please contact:

Indian Wells Valley Surgery Center
1111 N. China Lake Boulevard
Ridgecrest, CA 93555
ATTN: *Privacy Contact*

I acknowledge receipt of the *Notice of Privacy Practices of Drummond Medical Group (to include The Indian Wells Valley Surgery Center)*.

Name: _____
(please print)

Date of Birth: _____

Signature: _____
(patient/parent/conservator/legal guardian)

Date: _____

Inability to Obtain Acknowledgment

To be completed only if no signature is obtained. If it is not possible to obtain the individuals acknowledgment, describe the good faith efforts made to obtain the individuals acknowledgment, and the reason why the acknowledgement was not obtained.

Signature: _____
(signature of Provider Representative)

Date: _____