

## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE**

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement, if you wish.

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I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

### **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PROP 65**

Prop 65 requires us to communicate with you about the possible exposure to certain chemicals known to the state of California to cause Cancer, birth defects, or other reproductive harm. These products used in our facility fall under prop 65.

- Ethylene Oxide is used as final process chemicals
- Nickel is found in some of the implants
- DEHP (di(2-ethylhexyl)phthalate) is used in tubing sets, cannulae and instruments' protective caps

To learn more about PROP 65, visit [www.oehha.ca.gov/prop65.html](http://www.oehha.ca.gov/prop65.html) or call 916-455-6900

Patient Name:

Signature:

Date:

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### **FOR OFFICE USE ONLY**

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this patient but it could not be obtained because:

The patient refused to sign.

Due to an emergency situation it was not possible to obtain an acknowledgement.

We weren't able to communicate with the patient.

Other (*Please provide specific details*)

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Employee Signature

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Date

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Time