

ACKNOWLEDGMENT OF RECEIPT

OF

NOTICE OF PRIVACY PRACTICES

Ronald L. Rubenstein, M.D.

Robert K. Wu, M.D.

I acknowledge that I was provided a copy of the Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area. The notice is yours to keep.

Patient Name (please print)

Date

Signature

Parent or Authorized Representative (if applicable)

Indicate Relationship

If you have questions regarding the Notice, please do not hesitate to contact Dona Otten
at (510)352-5470