Santa Barbara Pulmonary Associates

**NOTICE OF PRIVACY PRACTICES**

Acknowledgement of Receipt:

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Robert S. Wright MD and Richard A. Belkin MD. 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 notice by contacting our HIPAA compliance officer.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Patient/ Parent/ Guardian)