

Derek Ott, M.D. PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES FORM

****You May Refuse To Sign This Acknowledgment****

I, _____, have reviewed a copy of DEREK OTT, M.D.'s
(Please Print Name)
Notice of Privacy Practices entitled "Derek Ott, M.D. PRIVACY PRACTICES" Form.

(Signature)

(Date)

For Office Use Only

Derek Ott, M.D.'s staff member, _____ attempted to obtain written acknowledgment of receipt of his/her Notice of Privacy Practices entitled "Derek Ott, M.D. PRIVACY PRACTICES," but acknowledgment could not be obtained because:

_____ Individual refused to sign

_____ An emergency situation prevented her/him from obtaining the acknowledgment

_____ Other (specify)

This form, our privacy policy, and other useful information can be found at:

www.derekottmd.com

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