

AMIR SAFFARIAN, MD, INC
18181 Butterfield BLVD, Suite 185
Morgan Hill, CA 95037
408-779-2009

Acknowledgement of Receipt of Notice of Privacy Practices

Amir Saffarian, M.D., Inc. reserves the right to modify the privacy practices outlined in this notice.

I have received a copy of the Notice of Privacy Practices for Amir Saffarian, M.D. Inc.

Name of Patient (Print or Type)

Signature of Patient

Date

Signature of Patient Representative
(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient