



California Center for
Reproductive Health

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ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have received the California Center for Reproductive Health's NOTICE OF PRIVACY PRACTICES. I understand that if I have questions or complaints regarding my privacy rights that I may contact the Center. I further understand that the practice will notify me of this NOTICE OF PRIVACY PRACTICE should it be amended, modified or changed in any way.

PATIENT'S NAME (PRINT)

PATIENT'S SIGNATURE

DATE