

Acknowledgement of Receipt of Notice of Privacy Practices

Ear Nose & Throat Specialists, Inc.

Office Manager (805) 541-2368

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. To view the complete version click [here](#). I further acknowledge that a copy of the current notice will be posted in the reception area and our web site www.sloent.com and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient

Name and Address of Patient: _____