Daniel M. Bethencourt, M.D., Inc.
2865 Atlantic Avenue, Suite 205
Long Beach CA 90806

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to

---conduct, plan and direct my treatment and follow-up among the multiple health care providers who may be involved in that treatment directly and indirectly.

---obtain payment from third-party payers.

---conduct normal health care operations such as quality assessments and physician certifications.

I have received, read and understand "Daniel M. Bethencourt, M.D., Inc.--Notice of Privacy Practices" containing a more complete description of the uses and disclosures of my health information. I understand that Daniel M. Bethencourt, M.D., Inc. has the right to change its "Notice of Privacy Practices" from time to time and that I may contact Daniel M. Bethencourt, M.D., Inc. at any time at the address above to obtain a current copy of its "Notice of Privacy Practices."

I understand that I may request in writing that Daniel M. Bethencourt, M.D., Inc. restrict how my private information is used or disclosed to carry out treatment, payment or healthcare operations. I also understand Daniel M. Bethencourt, M.D., Inc. is not required to agree to my requested restrictions but if Daniel M. Bethencourt, M.D., Inc. does agree, it will be bound to abide by such restrictions.

Patient Name____

Patient Representative____

Signature____

Date____

Official Use Only

I attempted to obtain the signature of the patient or patient's representative acknowledging the receipt of the "Daniel M. Bethencourt, M.D., Inc.—Notice of Privacy Practices" but was unable to do so, as documented below:

Date:
Initials:
Reason: