

Acknowledgment of Receipt of Notice of Privacy Practices

**MONA I. SARBU, MD
JON FERGUSON, DO**

3011 Ceres Avenue, Suite 100
Chico, CA 95973

(Privacy Officer)

A copy of the current Notice of Privacy Practices is posted at the reception area.

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices and that I will be offered a copy of any amendments to this documentation.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____