

Acknowledgement of Receipt
of our
Notice of Privacy Practices



Allen S. Mathew MD
Redwood Renal Associates
2505 Lucas Street
Eureka, CA 95501

707-444-2534

Name of Patient: _____

I hereby acknowledge that I received notice of Privacy Practices from Dr. Allen S. Mathew/ Redwood Renal Associates. I further acknowledge that a copy of the current notice will be posted in the reception area and that I will be offered a copy of any amended Notice of Privacy Practice at each appointment.

Signed: _____ Date: _____

Print Name: _____ Phone: _____

If not signed by the patient, please indicate:

Relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient