

**ACKNOWLEDGMENT OF RECEIPT**

**OF**

**NOTICE OF PRIVACY PRACTICES**

**Ronald L. Rubenstein, M.D.**

**James W. Miller, M.D.**

**Robert K. Wu, M.D.**

I acknowledge that I was provided a copy of the Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area. The notice is yours to keep.

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent or Authorized Representative (if applicable)

\_\_\_\_\_  
Indicate Relationship

If you have questions regarding the Notice, please do not hesitate to contact Judy Colussi  
at (510)352-5470