SAN DIEGO ENDOSCOPY CENTER
4033 3RD AVE #106
SAN DIEGO, CA 92103

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES*

You may refuse to sign this acknowledgement

SCA will use and disclose your personal health information to treat you. To receive payment for the care we provide, and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies about your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website, and have copies available for distribution.

I, _____, have received or read the copy of this facility's Notice of Privacy Practices.

Signature **Date**

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but the acknowledgement could not be obtained because:

□□□ **TO OUR PATIENTS** □□□

The California Health and Safety Code (Section 128737) requires that we collect and submit the following information to the Office of Statewide Health Planning & Development beginning January 1, 2005. We have all of the information except '*Race*' and '*Ethnicity*'.

For text of the law, visit the California Legislative Information web site at www.leginfo.ca.gov.

Please mark 1 box in each section below. Thank you.

RACE

- ☐ American Indian or Alaska Native(R1)
- ☐ Asian (R2)
- ☐ Black/African American (R3)
- ☐ Native Hawaiian/Pacific Islander (R4)
- ☐ White (R5)
- ☐ Other Race (R9)
- ☐ Unknown (99)

ETHNICITY

- ☐ Hispanic/Latino (E1)
- ☐ Non-Hispanic/Latino (E2)
- ☐ Unknown (99)

PRINCIPLE LANGUAGE SPOKEN

- ☐ ENG English (06)
- ☐ ARA Arabic (01)
- ☐ ARM Armenian (02)
- ☐ KHM Cambodian (03)
- ☐ CHI Chinese (04)
- ☐ SCR Croatian (05)
- ☐ FRE French (07)
- ☐ CPF French Creole (08)
- ☐ GER German (09)
- ☐ GRE Greek (10)
- ☐ GUJ Gujarathi (11)
- ☐ HEB Hebrew (12)
- ☐ HIN Hindu (13)
- ☐ HMN Hmong (14)
- ☐ HUN Hungarian (15)
- ☐ ITA Italian (16)
- ☐ JPN Japanese (17)
- ☐ NAV Navajo (22)
- ☐ PER Persian (23)
- ☐ POL Polish (24)
- ☐ POR Portuguese (25)
- ☐ RUS Russian (26)
- ☐ SCR Serbian (27)
- ☐ SPA Spanish (28)
- ☐ TGL Tagalog (29)
- ☐ THA Thai (30)
- ☐ URD Urdu (31)
- ☐ VIE Vietnamese (32)
- ☐ YID Yiddish (33)
- ☐ Unknown (999)

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify)_____

_____

_____

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT
Include completed consent in the patient's Medical Record