

Newport Voice and Swallowing, Inc.
180 Newport Center Drive, Suite 158
Newport Beach, CA 92660
949-226-1630

Acknowledgement of Receipt of Notice of Privacy Practices

Signed: _____ Date: _____

Print Name: _____ Phone: _____

If not signed by patient, please indicate who signed:

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

Name of Patient: _____

Confidential Contact Information

- If it becomes necessary to contact you by phone, do we have your permission to leave messages regarding lab results and/or appointments on your answering services? _____ YES _____ NO
- What is the best time of day to reach you:

- Where do you prefer to receive call
_____ Home _____ Work _____ Cell

- Name and number of emergency contact person that does not live with you:

Name: _____

Phone # _____