



Children's Ear, Nose & Throat
Surgeons of Orange County

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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
AND CONFIDENTIAL CONTACT INFORMATION**

NAME OF PATIENT: _____

TELEPHONE: _____ DATE: _____

SIGNED: _____ RELATIONSHIP: _____

WHERE CAN WE CONTACT YOU? (Please check all that apply)

WORK _____ # _____
HOME _____ # _____
PAGER _____ # _____
CELL _____ # _____

CAN WE LEAVE MESSAGES ON YOUR ANSWERING MACHINE
OR WITH ANOTHER PERSON WHO ANSWERS?

YES _____ NO _____

PRIVACY OFFICIAL
MS. JAN LUCERO
TELEPHONE (714) 633-4020