

**ADVANCED INTERVENTIONAL PAIN CONSULTANTS  
JAIME ROBLEDO, M.D.**

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I hereby acknowledge that I have received a copy of ADVANCED INTERVENTIONAL PAIN CONSULTANTS' Notice of Privacy Practices. I understand that I have the right to refuse to sign this acknowledgement if I so choose.

<hr/> <b>Signature of Patient or Legal Representative</b>	<hr/> <b>Date</b>
<hr/> <b>Printed Name of Patient's Representative (if applicable)</b>	<b>Relationship to Patient (if applicable)</b> <input type="checkbox"/> Parent or guardian of emancipated minor <input type="checkbox"/> Court appointed guardian <input type="checkbox"/> Executor or administrator of decedent's estate <input type="checkbox"/> Power of Attorney

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**FOR OFFICE USE ONLY**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices on the following date, \_\_\_\_\_ but acknowledgment could not be obtained because:

- Patient/representative refused to sign
- Emergency situation prevented us from obtaining acknowledgement at this time (will attempt again at a later date)
- Communication barriers prohibited obtaining acknowledgement (Explain)

\_\_\_\_\_  
\_\_\_\_\_

- Other (Specify)

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