



NOTICE OF PRIVACY PRACTICES
Elite Surgical Services, LLC
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Nosrat Khajavi, DO
Privacy Officer

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

I would like to receive a copy of any amended Notice of Privacy Practices by e-mail at:

_____ @ _____

Signed: _____

Date: ____ / ____ /201__

Print Name: _____

Telephone: (____) _____

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient

Name and Address of Patient:

_____, _____