

Laguna Woods Podiatry Group
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Neda Arjomandi, D.P.M.

Acknowledgment of Receipt of Privacy Practices

I _____ have received a copy of Neda Arjomandi, D.P.M. Notice of Privacy Practices with an effective date of April 14, 2003.

I am aware that the office of Neda Arjomandi, D.P.M. will attempt to contact me prior to my procedure for the purpose of giving me necessary information as well as collecting information from me. If I do not agree to this, I will be responsible for contacting Neda Arjomandi, D.P.M. at: Tel: 949.581.2520, a minimum of four (4) days prior to my procedure to make alternative arrangements.

Name of Patient: _____

Signature of patient: _____ Date: _____

Name of Witness: _____

Signature of Witness: _____ Date: _____

*Additional copies available at Dr.Arjomandi's office