

JOSE G. VELIZ MD, INC.

Diplomate of the American Board of Interventional Pain Management
Diplomate of the American Board of Anesthesiology
Diplomate of the American Board of Pain Medicine
Fellow of Interventional Pain Practice



Acknowledgement of Receipt of Notice of Privacy Practices

Jose G. Veliz MD Inc.
255 North Elm Street, Suite 101, Escondido, CA 92025

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.

Signed: _____

Date: _____

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: _____

You have a right to a paper copy of this Notice of Privacy Practices.