Patrick Chase Lay, M.D.,2550 Samaritan Drive, Suite F, San Jose, CA 95124

Nicole Draper, Privacy Officer, (408) 358-3888

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.

	1.1
☐ I would like to receive a copy of an	y amended Notice of Privacy Practices by e-mail at
Signed:	Date:
Print Name:	Telephone:
If not signed by the patient, please indicate rela	tionship:
☐ parent or guardian of minor patient	
☐ guardian or conservator of an incompetent	patient
Name and Address of Patient:	