



ACKNOWLEDGEMENT

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

I also received the Joint Notice of Privacy Practices and I have been provided an opportunity to review it.

Please check if applicable:

I do **NOT** authorize Imperial Valley Family Care Medical Group to disclose any and/or all information to any and all affiliates of CareQuality, UCSD, Commonwell, Prism, Aledade ACO or Manifest.

Print Name _____ **Date of Birth** _____

Signature _____ **Date** _____