

Notice of Privacy Practice Written Acknowledgment

I hereby acknowledge receipt of Dr. Elizabeth Salada's Notice of Privacy Practices. The Notice of Privacy Practices provides detailed information about how the practice may use and disclose my confidential health information. I understand that Dr. Elizabeth Salada has reserved the right to change the privacy practices that are described in the Notice. I also understand that a copy of any Revised 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.

Elizabeth Salada, MD is participating in San Diego Health Connect to better coordinate our patient's healthcare through the sharing of clinical information.

By default, all records of Elizabeth Salada, MD are included in San Diego Connect. If you do not want your information shared, please check the box below.

No

Signature: _____ Date: _____

Patient Information Acknowledgment (Page 6 and 7)

By signing below you acknowledge you have read and understand the office policies.

Signature: _____ Date: _____

If you are not the patient, please specify your relationship to the patient.

Relationship: _____ Date: _____

Signature: _____

Elizabeth Salada, MD
A Medical Corporation
15611 Pomerado Rd, Suite 510
Poway, CA 92064
Phone: 858-312-5492
Fax: 858-312-5632