

Gateway Psychiatric Services
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Acknowledgement of Receipt of Notice of Privacy Practices

If you have questions about Gateway Psychiatric Services' Privacy Policy,
please contact the Office Manager/Privacy Officer at (415)551-0520

I hereby acknowledge that I received a copy Gateway Psychiatric Services' Notice of Privacy Practices. I further acknowledge that a copy of the current and any amended Notice of Privacy Practices will be available at each appointment.

I would like to receive a copy of any amended Notice of Privacy Practices by e-mail at:

Signed: _____

Print Name: _____

Date: _____

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:

