

*Julie Anne Winfield, MD*  
770 Tamalpais Drive, Suite 402  
Corte Madera, CA 94927

**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_ have  
received a copy of Dr. Julie Anne Winfield's Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Representative (If Applicable)

\_\_\_\_\_  
Date

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**FOR OFFICE USE ONLY**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other: \_\_\_\_\_