



**ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE
And
ACKNOWLEDGMENT OF MEDICAL BOARD OF CALIFORNIA
NOTICE TO CONSUMERS**

I acknowledge that I have received the attached Privacy Notice

Patient or Personal Representative

Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient.

**MEDICAL BOARD OF CALIFORNIA
NOTICE TO CONSUMERS**

**Coastal Fertility Medical Center doctors are licensed by the
Medical Board of California**

**(800) 633-2322
www.mbc.ca.gov**

I acknowledge that I have received the Medical Board of California's contact information.

Patient or Personal Representative

Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient.
