



**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](http://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.**

\_\_\_\_\_