SINU-CLEAR, INC.

HARVEY D. PALEY, M.D. ~ 9301 WILSHIRE BOULEVARD ~ SUITE 404 ~ BEVERLY HILLS, CA 90210

NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT OF RECEIPT

This document serves as notification from Harvey D. Paley, M.D. of our privacy practices. Please review it carefully. It outlines your right by law to understand and control how your health care information is used. Your signature acknowledges that you have received this information.

I acknowledge that I have received the Notice of Privacy Practices.

_____	_____
Signature of Patient or Patient's Representative	Date
_____	_____
Print Name	Relationship to Patient (If a Minor)
_____	_____
Witness	Date

AUTHORIZATION TO LEAVE MESSAGES ON VOICE MAIL/MACHINES

I acknowledge that it is my right to refuse detailed messages from my physician or physician's office staff regarding my medical care that may be left on my answering machine/voice mail. This authorization can only be revoked in writing.

□ Yes, please leave me a message. Preferred telephone #:_____
□ No, don't leave any specific messages.

_____	_____
Signature of Patient or Patient's Representative	Date