

Sierra Vista Internal Medicine

Acknowledgement of Receipt of Notice

The Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

I Acknowledge Receipt of the Notice.

(Remarks):

X

Patient Signature

Date

Printed Name

Witness

Date