



Acknowledgement of Privacy Practices (HIPAA)

We are required by applicable federal and state law to maintain the privacy of your health information. These Health Information Privacy Policies and Procedures implement our obligations to protect the privacy of individually identifiable health information that we create, receive or maintain as a healthcare provider.

I acknowledge that I am aware of this facility's privacy policy and I may request a copy of the privacy policy at the front desk if I wish.

Signature

Witness

Date

Date