

ACKNOWLEDGMENT OF RECEIPT OF THE NOTICE OF PRIVACY PRACTICES

As a result of the Health Insurance Portability and Accountability Act passed by Congress and signed into law by President Clinton in 1996, this clinic is required by Federal law to provide you with a copy of our Notice of Privacy Practices. The Privacy Final Rule was modified in 2002 and requires practices to keep confidential “protected health information”

As we are required by law to demonstrate that we have provided you with a copy, we are asking you to please sign this form acknowledging your receipt of this information.

I acknowledge that I have received or been offered the Notice of Privacy Practices bearing the effective date of April 14, 2003. I understand that this notice describes the uses and disclosures of my protected health information by Affordable Healthcare P.C. and informs me of my rights with respect to my protected health information.

Patient Signature: _____ Date: _____

If Patient is a minor:

Parent/Guardian Signature: _____ Date: _____

Relationship: _____
