



HIPAA

Notice to patient: We are required to provide you with a copy of our Notice of Privacy Practices which states how we may use and/or disclose your health information. Please sign below to acknowledge receipt of this notice. You may refuse to sign this acknowledgement if you wish.

I acknowledge that I have received a copy of Associated Nephrology Consultants' Notice of Privacy Practices.

Patient Name _____
(Please print)

Patient/Guardian Signature: _____

Date: _____

For office use only:

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy Practices from this patient but could not obtain it because:

_____ Patient refused to sign

_____ We were unable to communicate with the patient.

_____ Other (Provide specific details): _____

Staff initials _____ Date _____