

Faña Medical Group
PRIVATE NOTICE ACKNOWLEDGMENT

Faña Medical Group is committed to providing you with all required information regarding your Privacy Rights as described by HIPAA (Health Insurance Portability and Accountability Act).

Attached to this acknowledgement you will find your personal copy of our Privacy Notice explaining how we use and disclose your health information. In the event that any significant changes to our policies are made a new Privacy Notice will be made available to you.

I, _____, acknowledge receipt of Faña Medical Group's Privacy Notice on this date.

Patient Signature

Date

If the patient refused the form:

____ Patient received Privacy Notice

____ Patient refused Privacy Notice

Witness

Date