



ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

Vincent Vein Center is required by federal law to maintain the privacy of and provide individuals a copy of the attached Notice of our legal duties and privacy practices with respect to protected health information.

Vincent Vein Center reserves the right to modify the HIPAA Notice of Privacy Practices.

I hereby acknowledge that I have received a copy of this medical practice's HIPAA Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be available from the front desk of this office, and that a copy of any amended Notice of Privacy Practices will be available at each appointment, if applicable.

Print Patient Name

Date of Birth

Signature of Patient

Date

Signature of Patient Representative
(Required if the patient is a minor or dependent adult)

Relationship to Patient