



Southwest Gastroenterology Associates P.C.

7788 Jefferson St NE Albuquerque, NM 87109

Phone: 505-999-1600 Fax: 505-999-1650

Southwestgi.com

## Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I have received, read, and understood the Notice of Privacy Practices. I know I have the right to request a copy of the full HIPAA acknowledgment that provides a complete description of how my health information may be used and disclosed. I also understand that Southwest Gastroenterology Associates reserves the right to change its Notice of Privacy Practices occasionally. I may contact them anytime to obtain a copy of the Notice of Privacy Practices. I know that I may request in writing to restrict how my information is used or disclosed to carry out treatment, payment, or healthcare operations. However, I understand that Southwest Gastroenterology Associates may not be required to comply with my request.

I, \_\_\_\_\_, have received a copy of this office's HIPAA policy.

\_\_\_\_\_

Patient Name

\_\_\_\_\_

Guardian Printed Name (if applicable)

\_\_\_\_\_

Patient Signature

\_\_\_\_\_

Guardian Signature

\_\_\_\_\_

Date

### Office Use Only

I attempted to obtain the patient's signature in acknowledgment of this Notice of Privacy Practices Acknowledgement but was unable to do so, as documented below.

Date:

Initials:

Reason: