

# Sparks Family Medicine, Ltd.

10785 W. Twain Ave., Suite 221

Las Vegas, Nevada 89135

(702) 722-2200 Phone

(702) 722-2201 Fax

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## Patient Acknowledgment of Notice of Privacy Practices

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*As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)*

By signing, I acknowledge that upon request, a copy of the Notice of Privacy Practices from Sparks Family Medicine, Ltd. is available to me. I understand I may request another copy of the Notice of Privacy Practices on subsequent office visits. I also understand that any concerns about protected health information should be directed to:

**Sparks Family Medicine**

**Attn: Office Manager**

**10785 W. Twain Ave., Suite #221**

**Las Vegas, NV 89135**

Signed by: \_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient's Name

If Legal Guardian or Representative:

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Print Guardian's Name

\_\_\_\_\_  
Date