

Sparks Family Medicine, Ltd.

410 South Rampart, Suite 390

Las Vegas, Nevada 89145

(702) 722-2200 Phone

(702) 722-2201 Fax

Patient Acknowledgment of Notice of Privacy Practices

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

410 South Rampart, Suite 390

Las Vegas, NV 89145

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