

Receipt of Notice of Privacy Policy

This Notice of Privacy Policy is required under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

I acknowledge receipt from Dr. Ghanbari office, Notice of Privacy Policy that explains how my personal health information will be used and disclosed.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Date

Notice of Privacy Policy provided and received Yes _____ No _____

Witness Signature: Staff member at Dr. Ghanbari's Office

Date