PAIN DIAGNOSIS – JOHN A. CAMPA III, MD
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http://paindiagnosis.net help@paindiagnosis.net

HIPAA: Notice of Privacy Practices Patient Acknowledgement

Patient Name:_____

Date of Birth: _____

I understand that, under the Health Insurance Portability and Accountability (HIPAA) Act of 1996, I have certain rights to privacy in regards to my protected health information (PHI).

I have received, read and understood The Notice of Privacy Practices and acknowledge that the practice of John A. Campa III, MD reserves the right to change the terms of its Notice of Privacy Practices.

I understand the practice of John A. Campa III, MD will provide a current Notice of Privacy Practices on request.

_____
Signature

_____
Relationship

_____
Date