

Meadowcrest ENT & Facial Cosmetic Center, Inc.

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Acknowledgement of Receipt of Notice of Privacy Practices

HIPAA is the federal Health Insurance Portability and Accountability Act of 1996. The primary goal of the law is to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information and help the healthcare industry control administrative costs.

This notice explains how your health information will be handled. By signing this form, you acknowledge that Meadowcrest ENT has shown or given you a copy of its Notice of Privacy Practices.

Meadowcrest may share information regarding my medical condition with the following people:

1. _____
2. _____
3. _____
4. _____
5. _____

Patient / Guardian Signature

Date

OFFICE USE ONLY:

_____ Patient was given a copy of Meadowcrest's Notice of Privacy Practices.

_____ Patient was shown a copy of Meadowcrest's Notice of Privacy Practices.

Patient's signature was not obtained because:

Staff Signature

Date