

**Meadowcrest ENT and Facial Cosmetic Center, Inc**

3360 Emmaus Road, Rockingham, VA 22801

Phone 540-433-9399 Fax 540-433-1395

**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 handles. By signing this form, you acknowledge that Meadowcrest ENT has shown or given you a copy of its Notice of Privacy Practices.

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

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

\_\_\_\_\_

Patient/Guardian Signature

\_\_\_\_\_

Date

Patient unable to sign HIPAA policy due to:

\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY:**

\_\_\_\_\_ Patient was given a copy of Meadowcrest's ENT Notice of Privacy Practices

\_\_\_\_\_ Patient was shown a copy of Meadowcrest's ENT Notice of Privacy Practices

\_\_\_\_\_ Patient declined any form of Meadowcrest's ENT Notice of Privacy Practices

\_\_\_\_\_ Patient advised Notice of Privacy Practices can be found on our website

\_\_\_\_\_

Staff Signature

\_\_\_\_\_

Date