

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have had the opportunity to receive and/or review a copy of Valley Surgical Clinics, Ltd's Notice of Privacy Practices that outlines how patient confidential information will be used, disclosed, and protected.

Printed Patient Name

Printed Name/Relationship if Signed by Individual Other than Patient

Signature

Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices but could not because:

- Individual Refused to Sign
- Communication Barrier
- Care Provided was Emergent
- Other

Employee Name

Date