

NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT OF RECEIPT

This Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.
In addition to the copy we are providing you, copies of the current notice are available by accessing our website at <http://www.smilela.com/hipaa> and may be obtained from our office.

I acknowledge that I have received the Notice of Privacy Practices.

Signature of Patient or Patient's Representative Date

Print Name Relationship to Patient

Interpreter (if applicable)
Information below this line for use by UCLA HS only



WRITTEN ACKNOWLEDGMENT NOT OBTAINED

Please document your efforts to obtain acknowledgment and reason it was not obtained.

- ! Notice of Privacy Practices Given – Patient Unable to Sign
- ! Notice of Privacy Practices Given – Patient Declined to Sign
- ! Notice of Privacy Practices and Acknowledgment Mailed to Patient
- ! Other Reason Patient Did Not Sign _____

Signature of witness

Print Name