

Personal Health Partners

Acknowledgment of Receipt of Notice of Privacy Practices

Under the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) we are required to attempt to obtain your written acknowledgement of receipt of the Notice of Privacy Practices.

By signing this form, I acknowledge receipt of the Personal Health Partners' Notice of Privacy Practices.

Signed: _____

Date: _____

Print Name: _____