VAVA CLINIC

8855 Immokalee Road, Unit 3 • Naples, FL 34120 • (239) 331-8520 • Fax: (239) 331-8564

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

	Ι,	, have reviewed/received a copy of			
		Patient Name			
	VAVA CLINIC Practice Name		's Notice of	's Notice of Privacy Practices.	
	Signature of Patient / G	uardian		Date	
-	•		_	Notice of Privacy Practices	
Date:	Initials:	Reason:			
HIPAA04P		WHITE COPY - OFFICE	/ YELLOW COPY - PATIENT	Reorder 7/15 OBS 1-800-634-1876	
8855 Ir	RECI	, Unit 3 • Naples, FI	CLINIC L 34120 • (239) 331-8520 OF PRIVACY PRACTI VLEDGEMENT FORM	CES	
	Ι,	Patient Name	, have reviewed/reco	eived a copy of	
_		VAVA CLINIC Practice Name	's Notice of	Privacy Practices.	
	Signature of Patient / G	uardian		Date	
I attempted	to obtain the pat		JSE ONLY knowledgement on this	Notice of Privacy Practices	

HIPAA04P

Date:

Acknowledgement, but was unable to do so as documented below:

Reason:

Initials: