

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

I, _____, have reviewed/received a copy of
Patient Name

VAVA CLINIC

_____’s Notice of Privacy Practices.
Practice Name

Signature of Patient / Guardian

Date

OFFICE USE ONLY

I attempted to obtain the patient’s signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason:
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HIPAA04P

WHITE COPY - OFFICE / YELLOW COPY - PATIENT

Reorder 7/15 OBS 1-800-634-1876

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