



Albuquerque, Los Lunas, Belen
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About Our Notice of Privacy Practices

We are committed to protecting your personal health information in compliance with the law. The attached Notice of Privacy Practices states:

- Our obligations under the law with respect to your personal health information.
- How we may use and disclose the health information that we keep about you.
- Your rights relating to your personal health information.
- Our rights to change our Notice of Privacy Practices.
- How to file a complaint if you believe your privacy rights have been violated.
- The conditions that apply to uses and disclosures not described in this Notice.
- The person to contact for further information about our privacy practices.

We are required by law to make available to you a copy of this notice and to obtain your written acknowledgment that you have reviewed and or received a copy of this notice.

Patient Acknowledgment of Receipt

I, _____, hereby acknowledge that I have
☐ Reviewed a copy of the Privacy notice and choose not to want a copy
☐ I have received a copy of the Notice of Privacy Practices.

Patient's Signature

Date

Signature of Parent or Patient's Representative
(if applicable)

Date

Description of Legal Authority to Act on Behalf of Patient