

Urology, P.C./Urology Surgical Center Receipt of Privacy Notice

Notice of Privacy Practices. The Policies and Procedures of Urology, P.C./Urology Surgical Center are designed to comply with the Health Insurance Portability and Accountability Act of 1996. I agree that the Privacy Notice of Urology, P.C./Urology Surgical Center effective April 14, 2003 has been made available to me.

The undersigned patient or patient's legal guardian hereby acknowledge to have been offered, understand and agree to conditions set forth in the Notice of Privacy Practices.

Signature of Patient or Legal Guardian

Date

Printed Name of Patient

Date of Birth of Patient

**** Note: If signed by someone other than the patient, we need written proof of your authority for our records.**

For office use only: A signature was not obtained because: _____

Signed and Dated by: _____