



HIPAA Notice of Privacy Practices

Acknowledgment of Receipt

I understand that if I have questions or objections regarding my privacy rights that I may contact the organization listed below. I further understand that the practice will offer me updates to the **NOTICE OF PRIVACY PRACTICES** should it be amended, modified, or changed in any way at my request.

I acknowledge receipt of the Notice of Privacy Practices.

(Print) Patient or Representative Name

Patient or Representative Signature

Date

Inability to obtain acknowledgement due to:

Q U A D R A

3820 COMMONS AVE. NE ALBUQUERQUE NM 87109		HEALTH INSTITUTE	
T	505.343.1711	F	505.343.1862
		quadrahealth.com	