

AMIR SALIM, M.D. P.A.

**450 N. Texas Avenue Suite C
Webster, TX 77598
(281) 557-0707**

**ACKNOWLEDGEMENT
OF
NOTICE OF PRIVACY PRACTICES**

I have been provided with the opportunity to review HIPAA Notice of Privacy Practices.

Please, check this box if you like to have a copy of HIPAA Notice of Privacy Practices for your personal use.

Print Name: _____ Date of Birth: _____

Signature: _____ Today's Date: _____

Patient Name (if a minor): _____ Date of Birth: _____

THIS FORM IS TO BE FILED INPATIENT'S CHART

FOR OFFICE USE ONLY:

I have provided patient and/or patient's guardian with the opportunity to review HIPAA Notice of Privacy Practices. However, patient and/or patient's guardian did not want to sign the above acknowledgement.

Print Staff Name: _____

Staff Signature: _____ Today's Date: _____

Print Witness Name: _____

Witness Signature: _____ Today's Date: _____