



Account # _____

Acknowledgement of Having Read the HIPAA Privacy Notice Notebook

Our HIPAA Privacy Notice Notebook is in each exam room. As you are waiting for the Doctor, please read it. After you have finished, hand this signed sheet to the nurse and she will place it in your chart. Thank you.

Our practice reserves the right to modify the privacy practices outlined in the notice.

I have read the HIPAA Privacy Notice Notebook for the medical practice of Temecula Valley OB/GYN Medical Associates, Inc. I am aware that if I would like a copy of the Privacy Notice, I can request it at the front desk.

Name of Patient (Print or Type)

Signature of Patient

Date

Signature of Patient Representative
(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient

“A Practice Specializing in Women’s Health Care”

Timothy Elfelt, MD	Joseph Glaser, MD	Debra Lebo, DO	Charles Yang, MD	Tammy Hayton, MD
	Lorna Laney, RNP	Nancy Ferrell, RNP	Linda Leon, RNP	