Sparks Family Medicine, Ltd.

10155 W. Twain Ave., Suite 110
Las Vegas, Nevada 89147
(702) 722-2200 Phone
(702) 722-2201 Fax

Patient Acknowledgment of Notice of Privacy Practices

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

By signing, I acknowledge that upon request, a copy of the Notice of Privacy Practices from Sparks Family Medicine, Ltd. is available to me. I understand I may request another copy of the Notice of Privacy Practices on subsequent office visits. I also understand that any concerns about protected health information should be directed to:

Sparks Family Medicine
Attn: Office Manager
10155 W. Twain Ave., Suite #110
Las Vegas, NV 89147

Signed by: _____ _____
Signature of Patient — Date

_____
Print Patient's Name

If Legal Guardian or Representative:

_____ _____
Signature of Legal Guardian — Relationship to patient

_____ _____
Print Guardian's Name — Date