



Regional Hand Surgery Associates
Regional Hand Center of Central California
2139 E Beechwood Ave
Fresno, CA 93720
(559) 322-6600
(559) 322-4625 fax

Regional Hand Surgery Associates
Regional Hand Center
Notice of Privacy Practices
Acknowledgement Form

As a patient of Regional Hand Surgery Associates/Regional Hand Center of Central California, you have been provided with your *Notice of Privacy Practices*. The *Notice* is provided to you in compliance with the Health Insurance Portability Accountability Act ('HIPAA'). Please take time to review.

To help us further comply with this new federal legislation, we ask that you sign this Acknowledgement Form. The Department of Health and Human Services requires that we ask for your signature to acknowledge that you have received your *Notice of Privacy Practices*. Your signature confirms that we have provided you with a copy of our *Notice*.

I hereby acknowledge receipt of the *Notice of Privacy Practices*.

Signature of Patient

Signature of Legal Representative, if not patient

Date of Signature

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain patient acknowledgement, describe the good faith efforts made to obtain the individuals acknowledgement, and the reason why acknowledgement was not obtained.

Handed to patient: []
Patient Refused to Sign: []
Other:

