HDI
High Desert Imaging

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www.hdielko.com | HDI Elko

NOTICE OF PRIVACY PRACTICES/HIPAA

PATIENT ACKNOWLEDGEMENT FORM

OPTION 1:

I would like to receive a copy of the Notice of Privacy Practices/HIPAA. I understand that this document provides information regarding how my protected health information will be used by the facility.

Signature of Patient or Guardian _____ Date _____

OPTION 2:

I have declined receipt of the Notice of Privacy Practices/HIPAA. I am aware that I may obtain this information at any time by contacting the Patient Registration Department or by accessing the facility website HIPAA Privacy Policy page on our website at www.hdielko.com.

Signature of Patient or Guardian _____ Date _____