



Castle Family Health Centers

3605 Hospital Road, Suite H, Atwater, CA, 95301

Telephone (209) 381-2000

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT NOTICE OF PRIVACY PRACTICES

Acknowledgement of Receipt

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Castle Family Health Centers. Our notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect.

Our notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting us at (209) 381-2000 or by writing us at 3605 Hospital Road, Suite H, Atwater, CA 95301.

I acknowledge receipt of the Notice of Privacy Policies of Castle Family Health Centers.

Patient Name _____

Patients DOB _____

Signature _____

Date _____

(Patient/Parent/Conservator/Guardian)

Inability to Obtain Acknowledgement

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, described the good faith efforts made to obtain the individual's acknowledgement and the reasons why the acknowledgement was not obtained.

Signature of Provider/Representative _____ Date _____

For more information about HIPPA or to file a complaint contact:
The U.S. Department of Health & Human Services Office of Civil Rights
200 Independence Ave., S.W.
Washington D.C. 20201
(209) 619-0257 or
Toll Free 1-877-696-6775