

PATIENT LABEL

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES
Acknowledgement of Receipt

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

Our Notice of Health Information Privacy Practices is subject to change. If we change our Notice, you may obtain a revised copy by accessing our web site at www.pamf.org or by contacting the PAMF Palo Alto Division Patient Services Center at 795 El Camino Real, Palo Alto CA 94301; or the PAMF Camino Division Patient Resource Center at 701 E. El Camino Real, Second Floor, Mountain View, CA 94040.

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Patient Signature: _____

Printed Name: _____

Relationship to Patient: _____
(patient/parent/conservator/guardian)

Date: _____