

Villa Family Clinic, PC

311 Future Dr, San Antonio, TX 78213 · 1713 E Hwy 97, Pleasanton, TX 78064
Phone: 210-595-1182 · Fax: 210-595-1183

Acknowledgment of Notice of Privacy Practices

Villa Family Clinic, PC is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of your protected health information and to provide you with a Notice of Privacy Practices describing how your health information may be used and disclosed, and how you can access that information.

By signing below, I acknowledge that I have received, or have been given the opportunity to receive, a copy of the Notice of Privacy Practices for Villa Family Clinic, PC. I understand that the clinic may use and disclose my health information for purposes of treatment, payment, and healthcare operations as described in the Notice.

COMMUNICATION PREFERENCES

We may contact you with appointment reminders and information about your care. Please indicate how we may reach you:

Cell phone / voicemail

Text message

Email

Home phone

Mail

PERSONS AUTHORIZED TO RECEIVE MY HEALTH INFORMATION (OPTIONAL)

Name: _____

Relationship: _____

Name: _____

Relationship: _____

ACKNOWLEDGMENT

Patient name (print): _____

Date of birth: _____

Signature of patient / legal representative: _____

Date: _____

If representative — relationship to patient: _____