



PATIENT RECEIPT OF HIPAA PRIVACY NOTICE

Dear Patient,

WiseCare Urgent Care is committed to maintaining the integrity of your protected health information and complies with all applicable state and federal regulations.

The federal privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA) have taken effect April 14, 2003. In support of our policy of complying with all applicable regulations, WiseCare Urgent Care provides patients with the HIPAA notice of Privacy Rights.

While not required in order to receive treatment at WiseCare Urgent Care, we are obligated under federal regulations to ask that you sign an acknowledgement of the HIPAA Privacy Notice being made available to you.

Thank you.

Receipt of HIPAA Privacy Notice

I acknowledge receipt of the Notice of Privacy Rights with detailed information about how WiseCare Urgent Care may use and disclose my protected health information. I understand that WiseCare Urgent Care reserves the right to change the privacy notice and that a copy of the revised notice will be made available to me.

Printed Patient Name

Signature of Patient or Parent/Guradian Date



Office Use Only: To be completed only when a patient declines to sign acknowledgement.

Check here if patient declined to sign acknowledgement

Staff Signature: _____ Date: _____

Refusal to sign acknowledgement does not prevent the patient from continuing to be treated.

-----To be filed in patient's record-----