



NOTICE OF ACKNOWLEDGMENT

To Our Patients:

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was passed by Congress and signed into law by the President of the United States.

Many of the various standards (rules) mandated by HIPAA affecting your care are going into effect starting April 14, 2003.

It is the policy of Virginia Medical Alliance, P.C. to follow and adhere to those portions of the Act as they apply to the practice of medicine provided by the organization and that are not in conflict with the laws of the Commonwealth of Virginia.

We are required to obtain a signed Notice of Acknowledgement that you have received our Notice of Privacy Practices.

Your signature on this page acknowledges your receipt of our Privacy Practices. You may refuse to sign this acknowledgment. Refusal to sign in no way affects your treatment, enrollment in a health plan, or eligibility for benefits.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Personal Representative of Patient (if applicable)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Relationship \_\_\_\_\_

\_\_\_\_\_ Refusal of signature Date: \_\_\_\_\_

Witness: \_\_\_\_\_