

Michelle Calvosa, M.D.

Acknowledgement of Receipt of Privacy Notice

Our practice is dedicated to maintaining the privacy of your confidential, protected health information (PHI). In conducting our business we create records regarding your health status and the health care and services you receive at this office.

We are required by law to give you this notice. It will tell you about the ways in which this practice may use or disclose health information about you. It also describes your rights and our obligations regarding the use and disclosure of that information.

By signing below you acknowledge that you have received our Notice of Privacy Practices.

Patient or Personal Representative

Date

Print Name if signature is on behalf of patient

Relationship
