

# Hipaa Privacy Acknowledgment

I have been given a copy of the Notice of Privacy Practices for this office that became effective April 14, 2003. The following people have my permission to discuss with Dr. Koop, or his staff, anything pertaining to my treatment (including fees).

☐ Acknowledged HIPAA regulations

☐ Acknowledged practice privacy practices

Name

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Relationship

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Name:

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Relationship:

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Form History

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Completed

Feb 17, 2021  
10:22:14 EST

The form has been completed