**Oscar T. Ortiz, M.D. Ronald B. Villanueva, M.D.**

**Francisco D. Cruz, M.D. Leslie Taguba-Madrid, M.D.**

**PATIENT ACKNOWLEDGEMENT RECEIPT OF NOTICE OF**

**HIPPAA PRIVACY**

By signing this acknowledgement, I am acknowledging that **“Oscar T. Ortiz, MD PC”** provided me information about its “Notice of Privacy Practices”.

I was given the opportunity to ask questions about the privacy practices and my questions were answered.

I received a copy of the “Notice of HIPPAA Privacy”.

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of patient or legal guardian Relation to patient

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 Patient’s Name (Print) Date

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 Witness Date