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HIPAA PRIVACY PRACTICES ACKNOWLEDGEMENT

We are required by the Health Insurance Portability and Accountability Act (HIPAA) to both offer our patients a copy of our Notice of Privacy Practices and to obtain signature that we did offer you this document.

A copy of our Notice of Privacy Practices is available to you. If you would like to have one, please ask our reception staff.

This acknowledgement will be kept in your medical file. If you would like a copy, just ask.

Thank you.

Patient Name: _____

Patient / Guardian Signature: _____

Date: _____

For Nahid Hamoui, MD, Inc. Office use only:

- The patient has been offered our Notice of Privacy Practices, but has refused to sign this form.

Employee Initials: _____ Date: _____