



Stuart R. Winthrop, M.D.

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

HIPAA (Federal Health Insurance Portability and Accountability Act)

I, _____ have been offered a copy of this practice's
Print Patient Name

Notice of Privacy Practices

HIPAA Privacy Procedures and Policies

I choose to take a copy

I choose not to take a copy

You have the right to refuse to sign this document

Patient Signature

Date

FOR OFFICE USE ONLY

This office attempted to obtain written acknowledgement of receipt of the Notice of Privacy Practices and we were unable to obtain signed acknowledgement because:

_____the patient refused to sign.

_____communication barriers prohibited obtaining signed acknowledgement.

_____an emergency situation prevented this office from obtaining the acknowledgement.

Other _____

Clinician Signature

Date

HIPAA Contact Person: Christian Blackburn, COA, (805) 963-4272

515 E. Micheltorena St., Santa Barbara, CA 93103
Office: (805) 963-4272 LASIK Line: (805) 730-9111