



NOTIFICATION AND ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES REGARDING PROTECTED HEALTH INFORMATION

Our Notice of Privacy Practices provides detailed information about how we may use and disclose protected health information about you. As a patient you have a right to a copy of the notice. You may obtain a copy of the notice from our office at:

Dan Hibbert Urology, PC

Attn: HIPPA Compliance Office
12600 S 3741 W
Riverton, UT 84065

We reserve the right to change the notice, and if we do, you may obtain a copy of the revised notice from the same location noted above.

Please acknowledge your receipt of this notification below and return it to the receptionist. Thank you.

Print Patient's Name

Signature of Patient or Personal Representative

Date

Relationship to Patient

If in the event you are unable to communicate with us and you feel it is appropriate for us to give information to someone else, please list them below:

