

Dr. Vivian Sierra, LLC

Acknowledgment of Receipt of Notice of Privacy Practices

By signing this form, you acknowledge receipt of the Notice of Privacy Practices that was given to you. Notice of Privacy Practices provides information about how Dr. Vivian Sierra may use and disclose your protected health information. Dr. Sierra encourages you to read it in full.

Notice of Privacy Practices is subject to change. If Dr. Sierra changes this notice, you may obtain a copy of the revised notice from Dr. Sierra by calling 618-977-3147.

If you have any questions about the Notice of Privacy Practices, please contact Dr. Sierra at 7396 Pershing Ave., St. Louis, MO 63130.

I acknowledge receipt of the Notice of Privacy Practices of Dr. Vivian Sierra.

Signature: _____ Date: _____
(Client/Parent/Conservator/Guardian)

Printed Name: _____

Client Name (if minor) : _____

INABILITY TO OBTAIN ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I made good faith attempts to obtain my clients acknowledgment of his or her receipt of Dr. Sierra's Notice of Privacy Practices, including _____

However, because of _____

was unable to obtain my client's acknowledgment.

Signature of Provider: _____ Date: _____