

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

This Acknowledgment of Receipt of Notice of Privacy Practices applies to, but may not be limited to the following ACHO entities & services:

*Academic Urology & Urogynecology of AZ
Arizona Cancer Specialists
Arizona Center for Cancer Care
Desert Springs Cancer Care*

*Diagnostic Radiology
Jamie Kapner, MD
Northwest Urology
Pinnacle Oncology Hematology*

*Scottsdale Cancer Center
Scottsdale Urologic Surgeons
Sun Valley Urology
Valley Urologic Associates*

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice of Privacy Practices. You may refuse to sign this acknowledgement, if you wish. Thank you.

**I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF
ARIZONA CENTER FOR HEMATOLOGY AND ONCOLOGY'S
NOTICE OF PRIVACY PRACTICES.**

Please Print Your Name Here

Signature

Date

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy Practices from this patient but it could not be obtained because:

- The patient refused to sign.
- Due to an emergency situation it was not possible to obtain an acknowledgement.
- We weren't able to communicate with the patient.
- Other (Please provide specific details) _____

Employee Name (please print your name here)

Employee Signature

Date