

Acknowledgement of Receipt of Notice

Miguel L. Gallegos, MD
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(505) 924-2225

I hereby acknowledge that I read a copy of this medical practice's HIPPA Patient Rights.

I would like to receive a copy of any amended Notice of Privacy Practices by sending a request to Stacy Taylor, Privacy Officer, at the above address and phone number.

Yes _____ No _____

Signed: _____ Date: _____

Printed Name: _____ Telephone: _____

If not signed by the patient, please indicate relationship to patient.

- Patient or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient

Name of Patient: _____

For office use Only:

Signed form received by: _____

Acknowledgement refused:

Efforts to obtain/ reasons for refusal:

