



Hand Surgery Specialists of Nevada

Colby P. Young, M.D. Jedediah W. Jones, M.D. David M. Fadell, D.O.
Bonnie J. Fraser, M.D.
9321 West Sunset Road • Las Vegas, NV 89148
4530 S. Eastern Avenue • Las Vegas, NV 89119
Office: (702) 645-7800 • Fax: (702) 650-0865 • www.hssnv.com

Acknowledgement of receipt of Health Information Privacy Practices Notice

_____, (patients name) understand that as part of my healthcare, Hand Surgery Specialists of Nevada originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment and any plans for future care or treatment. I acknowledge that I have reviewed or been given the opportunity to receive this facility's **Notice of Privacy Practices** and understand that it provides a complete description of the uses and disclosures of my health information. Hand Surgery Specialists of Nevada maintains an electronic copy available on its website: www.hssnv.com.

I understand that:

- I have the right to review the Notice of Privacy Practices prior to signing this Acknowledgement;
- This facility reserves the right to change their Notice of Privacy Practices and prior to implementation of this will mail a copy of any revised notice to the address I've provided if requested.

Signature of Individual or Legal Representative

Date

Printed Name of Individual or Legal Representative

Witness

Date

FOR OFFICE USE ONLY:

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but it could not be obtained because:

- Individual refused to sign
- Communication barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement

Office staff Signature

Date



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To Whom May We Release Information Regarding Your Healthcare?

Please Be Advised: Information will not be released to anyone without your written consent! You may change this information at any time.

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Patient Signature

Date