

Alma|Gastroenterology



NOTICE OF PRIVACY PRACTICES:

Acknowledgement of Receipt

Our Notice of Privacy Practices provides information about how medical information about you may be used and disclosed and how you can get access to this information. If you have any questions about our Notice of Privacy Practices, please contact our Privacy Officer, Jimmy Nguyen at 3602 S. Cooper St, Ste 110, Arlington, TX 76015 or calling 682-323-7553.

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Thuc Quyen Nguyen MD, PLLC DBA Alma Gastroenterology.

_____	_____	_____
Patient Signature	Printed Name	Date
_____	_____	_____
Power of Attorney Signature	Printed Name	Date

For Office Use Only

Complete this section if this form is not signed and dated by the patient or patient's personal representative.

I have made a good faith effort to obtain a written acknowledgement of receipt of Thuc Quyen Nguyen MD, PLLC / Alma Gastroenterology Notice of Privacy Practices but was unable to for the following reason:

- Patient refused to sign Patient unable to sign Other

Name of Privacy Officer: _____

Signature of Privacy Officer: _____ Date: _____