

Cruz Clinic
17177 North Laurel Park Drive
Suite 131
Livonia, MI. 48152
(734) 462-3210 Phone
(734) 462-1024 Fax

HIPAA Client Notification
Acknowledgement of Review of
Notices of Privacy Practices
for Cruz Clinic

Patient Name (Please Print)

Patient Date of Birth (mm/dd/yyyy)

I hereby acknowledge that I have been given the opportunity to review the Notice of Privacy Practices for Cruz Clinic pertaining to my right to privacy and the confidentiality of my protected health information.

I understand that upon my request, a copy will be provided to me. I further understand that at any time I may contact the Cruz Clinic Administrator in reference to any concern or question I may have regarding the notice or my rights.

Patient Signature

Date

Legal Guardian Signature

Date

Witness Signature

Date