

## **Hipaa (The Health Insurance Portability and Accountability Act of 1996) Privacy Practices**

Dr. Vasa's office and her outpatient programs abide by all current Hipaa Patient Privacy practice standards.

I am aware that I may request a copy of Dr. Vasa's Hipaa Privacy Practices policy at any time.

**Patient name (please print):** \_\_\_\_\_

**Patient signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_