

Tam Minh Bui, MD, Inc.
11180 Warner Ave., Suite 459
Fountain Valley, CA 92708
(714) 545 – 1133

Notice of Privacy Practices
Patient Acknowledgment

Patient Name: _____

Date of Birth: _____

I have received this practice's Notice of Privacy Practices written in plain language. The Notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise those rights, and the practice's legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices, and make changes regarding all protected health information at, or controlled by, this practice. I understand I can obtain the practice's current Notice of Privacy on request.

Signature: _____

Date: _____

Relationship to patient (if signed by a legal guardian):
