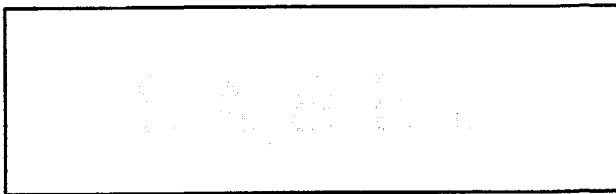




## Acknowledgement of Review of Notice of Privacy Practices



I have reviewed Clinica Santa Maria's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Name of Patient or Personal Representative  
(Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority

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## Reconocimiento de Revision de la Noticia de Practicas Privadas

Yo he revisado la Noticia de Practicas Privadas de su oficina que me explica como podrá ser usada y revelada mi información medica. Yo entiendo que puedo recibir una copia de este documento.

\_\_\_\_\_  
Firma del Paciente o Representante Personal

\_\_\_\_\_  
Nombre del Paciente o Representante Personal  
(Letra Molde)

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Descripción de Autoridad de Representante Personal