

Heritage Valley Health System
Beaver Internal Medicine Association
1000 Dutch Ridge Road, Beaver, PA 15009

Receipt of Notice of Privacy Practices
Acknowledgement Statement

I acknowledge I have received a copy of Heritage Valley Health System's Notice of Privacy Practices for Protected Health Information.

Patient Name (please print)

Date of Birth

Patient Signature or Guardian Signature in the event Patient is unable to sign

Date

If I am unavailable, I authorize the release of test results and treatment plans to be discussed with:

Name

Relationship

Phone

Patient Signature _____

Date _____