

AVISO SOBRE LAS PRACTICAS DE PRIVACIDAD

Yo comprendo que me han dado una copia de Columbia University Health Sciences aviso de la privacidad de las practicas.

Nombre Del Paciente

Fecha

Firma del Paciente

Su representante personal

Si recibio este formulario electronico, favor de avisarnos como los indicamos en el email.

For Columbia University Health Sciences use only:

Patient (__ has __ has not) signed an acknowledgement of the CURRENT Notice of Privacy Practices either attached here or as documented in the IDX system.

You must complete this section if this form is not signed and dated by the patient's representative and no signed acknowledgement of receipt of the current notice of privacy practices is on file in the IDX system.

Patient Name: _____ **Date of Birth:** _____

Social Security Number _____ **Phone Number:** _____

Address: _____

The date that you requested the signature and date:

The reason that the signature and date were not obtained:
