

**HIPAA**

Health Insurance Portability and Accountability Act

New federal rules regarding medical information protection are effective April 14, 2003.

This signature acknowledges that you have received or offered the K'ima:w Medical Center Notice of Privacy Practices and the Request for Restriction(s) form.

If you have any further questions, you may contact the HIPAA Compliance Officer at (530) 625-4261 or your provider.

\_\_\_\_\_  
Patient Name – Print

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

Please sign below if patient is a minor;  
I attest to the fact that I am the legal guardian of said patient.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

HRN: #  
DOB: