

NOTIFICATION AND ACKNOWLEDGEMENT OF
NOTICE OF PRIVACY PRACTICES
REGARDING PROTECTED HEALTH INFORMATION

Our Notice of Privacy Practices provides detailed information about how we may use and disclose Protected Health Information (PHI) about you. Copies of the notice are available for review in our waiting room. As a patient you have a right to your own paper copy of the Notice which you may request from our office.

Rocky Mountain Neurological Associates
1434 East 4500 South, Suite 100
Salt Lake City, Utah 84117
Phone: 801-261-4711
Fax: 801-261-4769

We reserve the right to change the Notice, and if we do, you may obtain a copy of the revised Notice from the location noted above.

Please acknowledge your receipt of the notification by signing below and returning it to our office.

Patient Signature

Date

Patient Name (Printed)