

Acknowledgement of Receiving Information about the HIPAA Standards regulating Protected Health Information

My signature indicates that I have been made aware of the existence of HIPAA regulations governing the handling of Private Health Information, and where these regulations may be found. It is my choice to (check one):

Review the information on your website <u>www.bhfre</u>	dericksburg.net
Review the material in the waiting room	Aggs
Receive a copy of the material for my records	
Patient or Legal Guardian	Date