

Acknowledgement of Receipt of Notice of Privacy Practices

l,	, have received a copy of
the Notice of Privacy Practices from Cache Valley Vein concerning how the use and disclosure of	
Protected Health Information will be handled by the practice.	
Detient name (places print)	
Patient name (please print)	
Patient/Guardian signature	Date
If guardian, print name	Relationship to patient
in guardiani, print riamo	relation only to patient
CVV_Privacy_Practices Rev 6/19	