

Haak'u Health Center

Form 3

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Telephone (505) 552-5300 ~ Fax (505) 552-5478

NOTICE OF PRIVACY PRACTICES & PATIENT RIGHTS ACKNOWLEDGEMENT OF RECEIPT

Patient Name: _____

DOB: _____

Chart # _____

- The **Patient Rights Form** provides information on or about your rights as a patient while receiving care or treatment here at Haak'u Health Center for all clinics.
- The **Notice of Privacy Practices** provides information about how we may use and disclose protected health information about you.

I acknowledge that I have received both documents:

The Patient Rights Form

The Notice of Privacy Practices

Patient or Legal Representative/ Guardian (*Signature*)

Date

Print Name

Relationship to Patient