

Facey Medical Group

With  Providence

Notification and Acknowledgement of Notice of Privacy Practices Regarding Protected Health Information (PHI)

Our Notice of Privacy Practices provides detailed information about how we may use and disclose protected health information about you. As a patient you have a right to a copy of that Notice. You may obtain a copy of the Notice from the reception desk at any Facey office, from our web site at facey.com/welcome, or by mail:

Facey Medical Group
Attention: Chief Privacy Officer
11333 N. Sepulveda Blvd.
Mission Hills, CA 91345

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

Please acknowledge your receipt of this notification by signing below and returning it to us. Thank you.

Signature: _____ Date: _____

Patient Name:	Medical Record #:
Patient's Date of Birth:	Patient's Phone Number:
Doctor's Name:	Clinic Location & Phone #:
Appointment Date:	
Insurance Coverage:	
Insurance Benefits/Co-Pay:	

SCAN under HIPAA*

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