

ACKNOWLEDGEMENT OF RECEIPT OF NOTICES OF

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PRIVACY PRACTICES  
Tarek Bittar, M.D.  
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Use and disclosure of protected health information is regulated by a Federal law known as The Health Insurance Portability And Accountability Act of 1996 ("HIPAA"). Under HIPAA, providers of healthcare are required to give patients their Notice of Privacy Practices for Protected Health Information and make a good faith effort to obtain written acknowledgement that this notice was received.

Therefore, I, \_\_\_\_\_ acknowledge  
(printed name of patient or personal representative)

Tarek Bittar, M.D. has provided a written copy of his Notice of Privacy Practices for Protected Health Information to  
(check one)  myself  or specify:

\_\_\_\_\_  
(If signing as a personal representative, documentation of your legal right to do so must be provided.)

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Patient (if not self)

=====  
**To be completed by office**

We made a good faith attempt to provide the above named patient with a copy of our Notice of Privacy Practices for Protected Health Information, but we were not successful for the following reason:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)