

Wensong Li United Interventional Pain Management

HIPAA COMPLIANCE PLAN – PRIVACY RULE

PF-2000 Acknowledgement of Receipt of Notice of Privacy Practices

Our practice reserves the right to modify the privacy practices outlined in the notice.

I have received a copy of the Notice of Privacy Practices for the medical practice of United Interventional Pain Management.

Name of Patient *Please Print*

Signature of Patient

Date

Signature of Patient Representative
(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient