



Apollo Health Care Center
877 W. Fremont Ave., Ste. N-1
Sunnyvale, CA 94087
(408) 900-8077

**Acknowledgement of Receipt:
Notice of Health Information
Privacy Practices**

RECEIPT OF HEALTH INFORMATION PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the Notice of Health Information Privacy Practices of our office. The notice provides information about how we may and may not use or disclose your protected health information. As such, you should read it in full.

Our Notice of Health Information Privacy Practices is subject to change. If we change it, you may obtain a revised copy at your next visit or by calling (408) 900-8077.

I acknowledge receipt of the Notice of Health Information Privacy Practices of Apollo Health Care Center.

Printed Name: _____

Signature: _____

Date of Birth: _____

Today's Date: _____