

HIPAA Notice of Privacy Practices

Reed S. Wilson, M.D., Inc.
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Privacy Officer: Reed S. Wilson, M.D. (310)859-9170

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the physicians offices, and that a copy of any amended Notice of Privacy Practices will be available at each appointment. If I would like to receive a copy of any amended Notice of Privacy Practices it will be available to me at the website of the medical offices www.reedwilson.com

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient

Name and Address of Patient:

