

**MOUNTAIN WEST FAMILY PRACTICE, LLC.**

**NOTIFICATION AND ACKNOWLEDGEMENT OF  
NOTICE OF PRIVACY PRACTICES  
REGARDING PROTECTED HEALTH INFORMATION**

Our Notice of Privacy Practices provides detailed information about how we may use and disclose protected health information about you. As a [patient/covered individual] you have a right to a copy of that Notice. You may obtain the Notice from our office at:

Mountain West Family Practice, LLC  
ATTN: HIPAA Compliance Officer  
2356 N 400 E, Suite 201  
Tooele, UT 84074

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

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

PATIENT NAME (print) \_\_\_\_\_

SIGNATURE (patient or patient representative) \_\_\_\_\_

DATE: \_\_\_\_\_