

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 location 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: _____