

Sacramento Colon And Rectal Surgery Medical Group
A PROFESSIONAL CORPORATION

PRIVACY NOTICE

By signing this page, you acknowledge receipt of Sacramento Colon & Rectal Surgery Medical Group's NOTICE OF OUR PRACTICES TO PROTECT YOUR PRIVACY; Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our NOTICE OF OUR PRACTICES TO PROTECT YOUR PRIVACY provides information about how we may use or disclose your protected health information. We encourage you to read it in full.

Signature _____

Print Name _____

Date _____