



HACKENSACK VEIN CENTER

*Dr. Angel J Mulkey
Dr. Scott D Ruffo*

Notice of Policy

Hackensack Vascular Center complies with the Health Insurance Portability and Accountability Act (HIPAA) of 1966 and Department of Health and Human Services rules and regulations that are designed to preserve the privacy of identifiable patient information

By signing below, I acknowledge that I have been made aware that Hackensack Vascular Center has a HIPPA policy in effect and I understand that a copy of the policy will be made available to me at my request.

Print Patient Name: _____

Patient Signature: _____

Date: _____

If you are signing on behalf of the patient, please print your name and relationship to the patient*

Name: _____

Relation: _____

.....
I would like to request a copy of the Notice of Privacy Practices : Yes _____ No _____
.....

For Office Use Only:

If the patient / representative requested a copy of Notice, date copy was provided: _____

If no acknowledgement could be obtained, state the reasons why and the efforts taken to obtain acknowledgement:

Office Representative: _____



Don't Run From Your Legs!