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HIPAA-ACKNOWLEDGEMENT OF RECEIPT
Notice of Privacy Practices

Printed Patient Name: _____

Patient Birth Date: _____

We at Rachel Sim, M.D., P.A. are required by law to maintain the privacy of and provide individuals with the attached Notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to the Notice, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number. If you would like a copy of the Notice, please ask.

I approve receiving *phone calls or voice messages or e-mail messages* from Dr. Sim, Dr. Sim's office staff and their billing firm that may be from a human being or auto-dialer, related to appointment reminders, healthcare information and billing matters on my mobile phone: _____ and/or my land line phone : _____. I also **DO / DO NOT** (*please circle one*) approve the use of text messaging to my mobile phone listed above. I realize that I can opt-out of texting at any time by replying STOP to any text I receive.

I hereby acknowledge that I have reviewed the HIPAA Notice of Privacy Practice document.

Signature of patient or patient's representative

Date

Printed name of patient or patient's representative

Relationship to patient