Jonathan Wiggenhorn, DO
Board Certified in Otolaryngology-Head and Neck Surgery
Simran Kaur, NP-C
Nurse Practioner

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I _____ acknowledge that I have been offered a copy of
(Print Name of Patient)

ESTRELLA EAR, NOSE, AND THROAT **"Notice of Privacy Practices".** This notice describes how ESTRELLA EAR, NOSE, AND THROAT may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

_____ _____
(Print Name of Parent/Guardian if under 18yrs old) (Date)

_____ _____
(Parent/Guardian/Patient Signature-18 yrs or older) (Date)

HIPAA-ACK2 Updated 10/2018