



# Medical Genetics of Nevada LLC

Susanna Sorrentino, MD, FACMG, FAAP  
2538 Anthem Village Drive, Suite 110  
Henderson, NV 89052  
Phone: 702-732-6800  
Fax: 702-932-9611

## HIPAA-ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Printed Patient Name: \_\_\_\_\_

Patient Birth Date: \_\_\_\_\_

We at Medical Genetics of Nevada 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 hereby acknowledge that I have reviewed the HIPAA Notice of Privacy Practice document.

\_\_\_\_\_

Signature of patient/patient's parent/guardian:

\_\_\_\_\_

Date: \_\_\_\_\_

Printed name of person signing the form:

\_\_\_\_\_

Relationship to patient: \_\_\_\_\_