



The Arizona Health Information Organization statute requires the signature of a patient or health care decision maker acknowledging that the patient or guardian has received, read and understands the HIO Notice.

ACKNOWLEDGEMENT OF RECEIPT OF HEALTH INFORMATION PRACTICES

I acknowledge that I have received, read, and understand the Health Information Organization's Notice of information Practices.		
Patient Name (print):		Date:
Signature of Patient or Guardian:		

ACUSE DE RECIBO DE PRACTICAS DE INFORMACION MEDICA

Reconozco que he recibido, leído y entendido el Aviso de Prácticas de Información Médica.		
Nombre de Paciente (print):		Fecha:
Firma de Paciente o Tutor Legal:		

<p>If the patient or guardian are unable to provide a signature,</p> <p>I, _____ (DSCHC Employee) _____ (Print) _____ (Signature) (DSCHC Signature),</p> <p>state that the patient or guardian listed above has received, read, and understands the Health Information Organization's notice of information practices.</p>
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