

**Kev Lees Paub ntawm Kev Tau Txais CDA Cares Daim Ntawv Ceeb Toom Txog Kev Tiv Thaiv Tus Kheej**

Koj tuaj yeem tsis kam kos npe rau daim ntawv lees paub no

Kuv, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, tau txais ib daim qauv ntawm CDA Cares Daim Ntawv Ceeb Toom Txog Kev Tiv Thaiv Tus Kheej.

Thov Sau Lub Npe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kos Npe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hnub Tim \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yog tias Daim Ntawv Pom Zoo no tau kos npe los ntawm tus neeg sawv cev ntawm tus kheej sawv cev ntawm tus neeg mob, ua kom tiav cov hauv qab no:

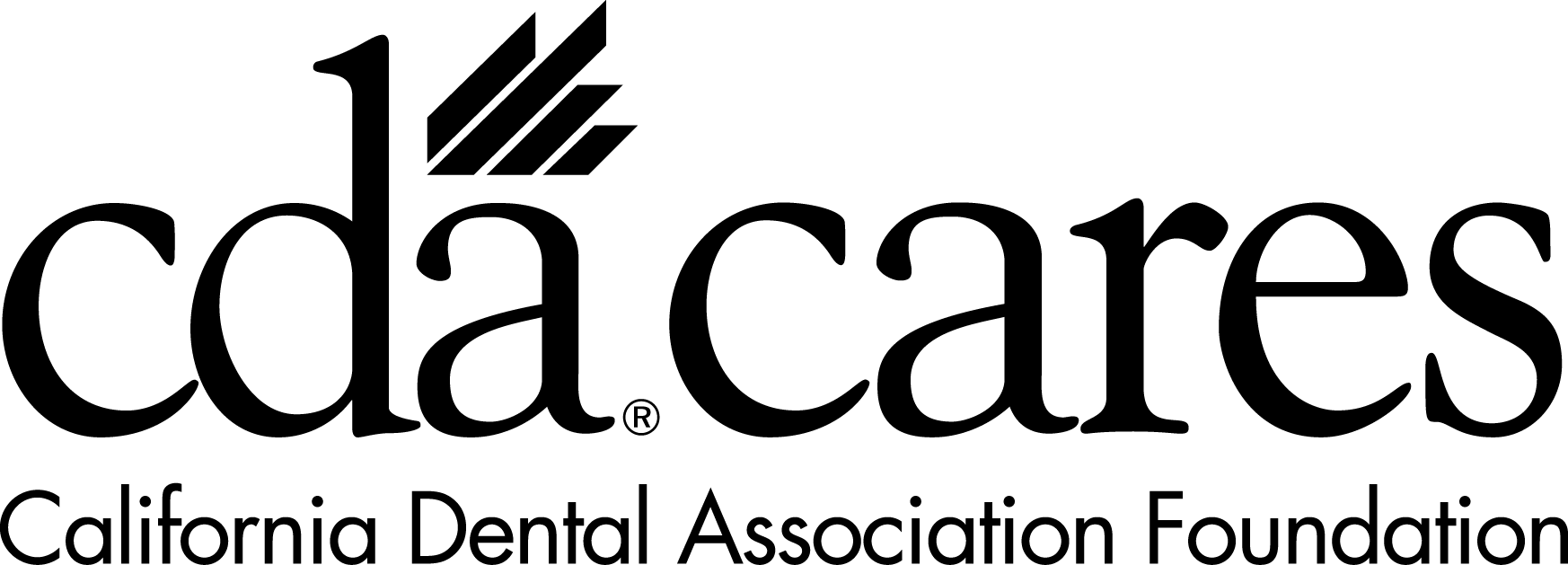
Tus Neeg Sawv Cev Tus Kheej Lub Npe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kev sib raug zoo rau tus neeg mob \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Txhawm Rau Kev Siv Nkaus Xwb**

Peb tau sim kom tau txais daim ntawv lees paub ntawm qhov tau txais peb Daim Ntawv Ceeb Toom Txog Kev Tiv Thaiv Tus Kheej,  
tab sis tsis tuaj yeem lees paub vim tias:

* Tus kheej tsis kam kos npe
* Kev sib txuas lus thaiv kev txwv tsis pub txais kev lees paub
* Qhov xwm txheej ceev txwv tsis pub peb tau txais kev lees paub
* Lwm yam (Thov piav qhia)



**Confirmación de Recibo del Aviso de las Prácticas de Privacidad CDA Cares**

Usted tiene el derecho de negarse a firmar esta confirmación

Yo, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, he recibido una copia del Aviso de las Prácticas de Privacidad   
de este consultorio.

Nombre en letra de imprenta \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Si esta confirmación es firmada por un representante personal de parte del paciente, llene lo siguiente:

Nombre del Representante Personal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relación al Paciente \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Program Use Only**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices,   
but acknowledgement could not be obtained because:

* Individual refused to sign
* Communications barriers prohibited obtaining the acknowledgement
* An emergency situation prevented us from obtaining acknowledgement
* Other (Please Specify)