Virginia
Surgical Services

703-594-1583
Secure fax 571-601-2937 • va-ss.org

Notice of Privacy Practices acknowledgment

Signing confirms receipt or availability of the notice; it is not an authorization to disclose information.

Patient name

Date of birth

Medical record no. (office use)

I acknowledge that Virginia Surgical Services made its Notice of Privacy Practices available to me.

The notice explains how health information may be used and disclosed, my rights, and how to raise a privacy concern.

I understand that I may request a paper copy at any time and may review the current notice at va-ss.org/privacy-practices.

My signature does not authorize any use or disclosure beyond what applicable law permits.

Patient / personal representative signature

Date

Printed name

Authority, if representative

IF ACKNOWLEDGMENT WAS NOT OBTAINED (OFFICE USE)

- ☐ Patient declined to sign
- ☐ Patient unable to sign
- ☐ Emergency or other circumstance

Good-faith effort and reason acknowledgment was not obtained

Staff name / initials

Date

PRIVACY QUESTIONS OR COMPLAINTS

Privacy Officer, Virginia Surgical Services | 703-594-1583 | 3650 Joseph Siewick Drive, Suite 205B, Fairfax, Virginia 22033

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

The practice will not retaliate against you for filing a complaint.