Iowa Allergy, Asthma, & Immunology P.C.

Vuong Nayima, D.O.

5901 Westown Parkway Ste. 225

West Des Moines, Iowa 50266

(P) 515-410-9400

(F) 515-410-9401

Acknowledgment of Privacy Rights

My signature confirms that I have been informed that I have rights to privacy regarding my protected health information, and I understand that upon my request, I have been given the opportunity to review this office's Notice of Privacy Rights as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I understand that this information can and will be used to:

- Obtain payment from third-party payers for my health care services.
- Conduct normal clinic health care operations.
- Provide and coordinate treatment among health care providers who may be involved in my care.

Patient Name (Print) :_____ D.O.B: _____

Patient/Guardian Signature:_____ Date: _____

Parent/Guardian Name (for minors only):_____

(Please Print)

Notice of Privacy Rights is available on www.iowaallergyclinic.com or can be requested in print.