

**Stavros Centro de Vida Independiente**

**PRIVACIDAD DEL HIPAA  
RECONOCIMIENTO DE RECIBIR  
EL  
AVISO DE LAS PRÁCTICAS DE PRIVACIDAD**

Yo, \_\_\_\_\_ [Escriba en letra de molde su nombre legal aqui] (el consumidor o el representante legal del consumidor) me mostraron el Aviso del Sistema de Privacidad (la póliza) de Stavros Centro de Vida Independiente, Inc. (Stavros) y también me dieron una copia del aviso para mantenerla en mi archivo.

\_\_\_\_\_  
Firma del Consumidor o del Representante Legal

\_\_\_\_\_  
Fecha

Consumer's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

I, \_\_\_\_\_ [Please print name here], acting as \_\_\_\_\_  
\_\_\_\_\_ [please print job title at Stavros] attempted to obtain the written acknowledgment of receipt of the Stavros Privacy Notice on \_\_\_\_\_ [please print date], but this could not be obtained because:

\_\_\_\_\_ [Please initial] Consumer or legal representative refused to sign.

\_\_\_\_\_ [Please initial] Emergency circumstances prevented securing acknowledgment.

\_\_\_\_\_ [Please initial] Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
Signature of Stavros Representative / Date