NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT FORM

THIS NOTICE DESCRIBES HOW MEDICAL/PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

SUMMARY:

By law, we are required to provide you with our Notice of Privacy Practices (NPP). The Notice describes how your medical information may be used and disclosed by us. It also tells you how you can obtain access to this information.

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations.

As a patient, you have the following rights:

1. The right to inspect and get a copy of your information
2. The right to request corrections to your information
3. The right to request that your information be restricted
4. The right to request confidential communication
5. The right to a report of disclosures of your information
6. The right to a paper copy of this Notice

We want to assure you that your medical/protected health information is secure with us. The Notice contains information about how we will insure that your information remains private.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICE

I ______________________________hereby acknowledge that I have been offered a copy of this practice's NOTICE OF PRIVACY PRACTICES. I further understand that the practice will offer me updates to the NOTICE OF PRIVACY PRACTICES should it be amended, modified, or changed in any way.

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Patient or Legal Representative Date

Rev. 09/2019