

ACKNOWLEDGEMENT OF RECEIPT - NOTICE OF PRIVACY PRACTICES

TO OUR PATIENTS:

The privacy of your health care information is extremely important to us. We want you to understand how we use and disclose your information and your rights to this information. We ask you to review our Notice of Privacy Practices that describes our legal duties with respect to your health care information. You are entitled to a copy of this notice if requested.

HOW WE USE HEALTHCARE INFORMATION:

We use information about you to:

- Provide treatment to you
- Ensure appropriate payment for the treatment we provide, and
- Monitor the quality of our operations

WHEN WE MAY DISCLOSE INFORMATION:

In certain limited cases we are permitted to disclose health care information about you. Examples include when there is a serious threat to health or safety, for insurance reimbursement, in any situation regarding a billing dispute, to reduce public health risks, for health oversights, and in certain cases for law enforcement. In addition, we may disclose information to tell you about health-related services and alternative treatments, and to conduct health-related research with your permission.

YOUR INFORMATION RIGHTS:

We create a record of the care we give you.

- You have the right to know how we use your health information, who we can give it to, and your rights to this information. (Please see our Notice of Privacy Practices.)
- You have the right to ask us to restrict uses and disclosures where we believe such restrictions will not harm you and where it is possible for us to do so.
- You have the right to confidential communication of your health information. For example, you can ask for a conversation to be held in private or for us to send a copy of your bill to a different address.
- You have the right to look at and receive a copy of information in our records unless your doctor has indicated this would be harmful to you or someone else.
- You have the right to request that our records be amended if we agree it is inaccurate or incomplete.
- You have the right to ask for a list when we have disclosed your health information to someone other than those treating you, handling your bills, for our internal operations, or when you have authorized release of information.

I acknowledge that I understand and agree with the above information, and I have received and reviewed the Notice of Privacy Practices. If you have any questions, please speak with any member of the office staff.

SIGNATURE _____ DATE _____

PRINT NAME _____