



Letter Regarding Privacy Practices

This letter summarizes how medical information about you may be used and disclosed, and how you can get access to it. A complete Notice of Privacy Practices is available in the reception area, at the front desk, and in the exam rooms. You will be asked to sign an acknowledgement that you reviewed the Notice of Privacy Practices.

How This Medical Practice May Use or Disclose Your Health Information

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan, and to enable us to meet our professional and legal obligations to operate this medical practice properly. We may send appointment reminders, use a sign-in sheet, notify your family in case of an emergency, and do practice marketing. We are required by law to maintain the privacy practices with respect to protected health information.

When This Medical Practice May Not Use or Disclose Your Health Information

Except as described in the Notice of Privacy Practices, this medical practice will not use or disclose your health information without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

Your Health Information Rights

You may request restrictions and limits as to which information is released and how it is released. You may view, copy your records, or amend your records. You may get an accounting of the information released. You may file a complaint if you are dissatisfied with the way your health information is used. Copies of the full Notice of Privacy Practices are available in the waiting room, at the front desk, and in the exam rooms. **You have a right to a paper copy of the complete Notice of Privacy Practices. These are available at the front desk.**

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have reviewed a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that I may request a copy, that a copy of the current notice is posted in the reception area, and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Patient Signature: _____

Date: _____

Printed Name: _____

Telephone _____

If not signed by patient, please indicate relationship to patient:

- Parent or Guardian of Minor Patient (12-years and under)
- Guardian or Conservator of an Incompetent Patient
- Beneficiary or Personal Representative of Deceased Patient