

NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGEMENT



- ❖ We keep a record of the health care services we provide you.
- ❖ You may ask to see and copy that record.
- ❖ You may also ask to correct that record.
- ❖ We will not disclose your record to others unless you direct us to do so, or unless the law authorizes or compels us to do so.
- ❖ You may see your record or get more information about it by contacting the Office Manager / HIPAA Officer.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

Other people (if any) we are authorized to share your health care information with:

Your signature below is acknowledgment that you have been provided with a copy of our Notice of Privacy Practices to read.

Printed Name

Patient Signature

Date

Witness/Staff Member

(Notation, if any, by staff)

This form will be retained in your medical record.