



**PRIVACY PRACTICES ACKNOWLEDGEMENT**

*Notice of Privacy Practices*

*Our “Notice of Privacy Practices” policy, available at the reception desk and also online at our website, provides detailed information about how we may use and disclose protected health information about you. The details of this policy are in full compliance with all provisions, including those most recently updated, of the Health Insurance Portability and Accountability Act passed in 1996 (HIPPA). Our “Notice of Privacy Practices” states that we reserve the right to change terms within our policy.*

*Should this happen, we will display, and make available, the new policy and its perspective date of implementation. You have the right to request restrictions on how your protected health information may be used or disclosed for treatment, payment or health care operations. We are not required to agree with your restrictions; however, if we do, we are bound by our agreement with you.*

By signing below, I acknowledge receipt of “Notice of Privacy Practices” and consent to your use and disclosure of protected health information about me for treatment, payment, and health care operations. I have the right to revoke this consent, in writing, except where the practice has already made disclosures in trust on my prior consent.

PATIENT’S NAME: \_\_\_\_\_

PATIENT’S DATE OF BIRTH: \_\_\_\_\_

PATIENT/GUARDIAN SIGNATURE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_