

NOTICE OF PRIVACY PRACTICES

This form is presented to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This office is dedicated to providing services for your health and protecting your privacy. This Notice provides information about how we may use and disclose protected health information about you. Personal information is gathered from you in the following ways:

- Information received from you
- Information received from other healthcare providers

This office will not use or disclose information about you for the purposes of marketing, and will NOT sell your information to unrelated companies. The office may contact you to send newsletters, confirm appointments, or send holiday/birthday cards. If you do not wish to be contacted for these purposes, please let the office know. This office may use or disclose your Protected Health Information when required by law.

Patient Rights:

- Protected Health Information is used for the purposes of treatment, payment, and healthcare operation.
- The office has a copy of the Notice of Privacy Practices and the patient has the opportunity to review this Notice.
- Upon written request you have the right to access, review or receive copies of your healthcare records.
- The patient has the right to request additional restrictions on his/her Protected Health Information.

I, _____, have read, reviewed, understand and agree to the statement of the Privacy Practices for healthcare services.

Patient Signature: _____

Date: _____