

## Notice of Privacy Practices and Patient Acknowledgment

To Our Valued Patient:

The misuse of Personal Health Information (PHI) has been identified as a national problem, causing patients inconvenience, aggravation, and money. We want you to know that all of our employees, managers and doctors continually undergo training so that they may understand and comply with government rules and regulations, regarding the Health Insurance Portability and Accountability Act (HIPPA), with particular emphasis on the "Privacy Rule". We strive to achieve the very highest standards of ethics and integrity when performing services to our patients.

It is our policy to properly determine appropriate use of PHI in accordance with the government rules, laws, and regulations. We want to ensure that our practice never contributes, in any way, to the continuing problem of improper disclosure of PHI. As part of this plan, we have implemented a Compliance Program, that we believe will help us prevent any inappropriate use of PHI.

It is our policy to listen to our employees and our patients, without any thought of penalization, if they feel that an event, in any way, compromises our policy of privacy and integrity. More so, we welcome your input regarding any service problem, so that we may remedy the situation promptly.

### Notice of Privacy

The Department of Health and Human Services has established a "Privacy Rule", to help insure that personal health care information is protected for privacy. The Privacy Rule provides standards for health care providers to follow when disturbing health information about the patient that is needed to carry out treatment, payment or health care operations.

As our patient, we want you to know that we respect the privacy of your personal and medical records, and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information. We want to provide health care in your best interest.

We also want you to know that we support your full access to your personal medical records. You may request restrictions pertaining to parties you do not want PHI released to. You will be asked to authorize release of PIH to any party that is directly connected to your treatment, payment, or health care operations.

If you have any questions, comments, or objections to the privacy policies on this form, please ask to speak with our HIPPA Privacy Officer. You have the right to review our entire notice of privacy policies, upon request.

Please sign this form to acknowledge you have read this notice of our privacy policies.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(of Parent or Guardian, if minor)