

Patient Acknowledgement of Receipt of Notice of Privacy Practice



I have received a copy of this office's **NOTICE OF PRIVACY PRACTICES**. It provides information about how the office may use and disclose your Protected Health Information (PHI).

I have been provided an opportunity to review the Notice of Privacy Practices.

Patient Name

Patient Signature (or Parent)

Date

FOR OFFICE USE ONLY

We made a "good faith effort" to obtain written acknowledgement of receipt of our ***NOTICE OF PRIVACY PRACTICES***. However, we were unable to obtain acknowledgement for the following reason:

☐ Patient refused to sign

☐ Other: _____

(Possible reasons: language difficulty, communication barriers, etc.)

Patient Name

Patient Signature (or Parent)

Date

Notice of Privacy Practice

This notice describes how health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you the Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 1, 2003 and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this notice at any time provided such changes are permitted by applicable law. We reserve the right to make the changes on our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. You may request a copy of our notice at anytime. For more information about our privacy practices or for additional copies of this notice please contact us using the information listed above.

Uses and Disclosures of health information

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician, dentist or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider's performance conducting training programs, accreditation, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your information or to disclose it to anyone for any purpose. If you give us an authorization you may revoke it in writing at anytime. Your revocation will not affect any use or disclosures permitted by your authorization, while it was in effect, unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in the notice.

To Your Family and Friends: We must disclose your health information to you as described in the Patient Rights section of this notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment of your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care or your location, your general condition or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practices to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, and medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required by law to do so.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.