

Notice of Privacy Practices

This notice describes how medical/protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

By law, we are required to provide you with our notice of privacy practices.

As a patient, you have the following rights:

- 1. The right to inspect and copy your information*
- 2. The right to request corrections to your information*
- 3. The right to request that your information be restricted*
- 4. The right to request confidential communications*
- 5. The right to a report of disclosures of your information*
- 6. The right to a paper copy of this notice*

Our office assures you that your medical/protected health information is secure with us, and this notice contains the information about how we will ensure that your information remains private. If you have any questions or concerns, please ask the practicing physician before signing this document.

Acknowledgement of Notice of Privacy Practices

*"I hereby acknowledge that I have received a copy of this practice's **Notice of Privacy Practices**. I understand that if I have questions or complaints regarding my privacy rights that I may contact the practicing physician. I further understand that the practice will offer me updates to this **Notice of Privacy Practices** should it be modified or changed in any way.*

Patient or representative's name (please print)

Patient or representative's signature

Date