



## **Notice of Privacy Practices Summary/Acknowledgement**

Maintaining privacy of your health information is very important to us. Attached to this letter you will find our *Notice of Privacy Practices*. The following is a brief summary of the content of the attached notice. We encourage you to read the entire Notice and ask any questions you may have regarding its contents.

**How We May Use and Disclose Health Information About You.** This section describes the different ways we may use or disclose your health information without first obtaining a specific authorization from you. These types of uses and disclosures are specifically permitted by law because it is assumed you would want us to use or disclose your information for these purposes, or because such use or disclosure is recognized as critical to the functioning of our health care system.

**Your Rights Regarding Your Health Information.** This section describes the following right you have with respect to your health information and tells you how you may exercise these rights.

- Right to inspect and copy
- Right to request amendment
- Right to an accounting of disclosures
- Right to request restrictions on certain uses and disclosures
- Right to request alternative means of communication
- Right to receive a paper copy of our Notice of Privacy Practices

**How to File Complaints concerning Our Privacy Practices.** This section tells you what you can do if you believe any of your rights have been violated. You will not be penalized for filing a complaint.

We ask you acknowledge your receipt of this notice by signing below. You should keep the copy of the attached Notice, however if you wish to receive another copy you may request a copy at any time. Also, the most current copy of our Notice will be posted in our office. If there are material changes to this notice at a later date, you will be provided a copy of the revised notice and asked to sign another acknowledgment.

**I acknowledge that I receive a copy of my provider's Notice of Privacy Practices with the effective date of: \_\_\_\_\_**

\_\_\_\_\_  
**Signature of Patient/Patient Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to Patient**