

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY PRACTICES

This notice summarizes how health data about you may be used and shared and how you can get access to this data. IMPORTANT NOTE: This does not include all of the details about our privacy policy. For more details, please read the NOTICE OF PRIVACY PRACTICES that your practitioner has provided you.

- I. How we may use and share health data about you:
 - a. Treatment – To give you medical treatment or other types of health services.
 - b. Payment – To bill you or a third party for payment for services provided to you.
 - c. Health Care Operations – For our own operations such as quality control, compliance monitoring, audit, etc.
- II. Disclosures where we do not have to give you a chance to agree or object:
 - a. To you
 - b. As required by federal, state, or local law
 - c. If child abuse or neglect is suspected
 - d. Public health risks (for public health activities to prevent and control spread of disease)
 - e. Lawsuits and disputes (in response to a court or administrative order)
 - f. Law enforcement (to help law enforcement officials respond to criminal activities)
 - g. Coroners, medical examiners and funeral directors
 - h. Organ or tissue donation facilities if you are an organ donor
 - i. To avert a threat to an individual or to public health safety
- III. Disclosures where we have to give you a chance to agree or object:
 - a. Patient directories – You can decide what health data, if any, you want to be listed in patient directories.
 - b. Persons involved in your care or payment for your care – We may share your health data with a family member, a close friend, or other person you have named as being involved with your health care.
- IV. Other uses of health data: Other uses not covered by this notice or the laws that apply to us will be made only with your written consent.
- V. You have the following rights relating to the health data we keep about you:
 - a. Right to inspect your health recorded and to receive a copy of your health record upon request
 - b. Right to amend information in your health record you believe is inaccurate or incomplete
 - c. Right to know to whom we have disclosed your health information
 - d. Right to ask for limits on the health information data we give out about you
 - e. Right to receive communication from us about your health information in alternate ways
 - f. Right to paper copy of the complete Notice of Privacy Practices

I acknowledge that I have received the NOTICE OF PRIVACY PRACTICES of this practice.

Signature of Patient or Representative

Date

Print Patient Name

Patient Birth Date