Privacy Practices and Consents

PATIENT ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND CONSENT FOR NECESSARY USE OF PERSONAL HEALTH INFORMATION

You may refuse to sign this acknowledgement

I,_____, have read this notice and have
Name of Patient or Parent/ Legal Guardian
been informed that I may request a copy of this office's NOTICE OF PRIVACY PRACTICES, as required by federal law. As well as, consent to the use and disclosure of my personal health information by your office during treatment, billing/payment and healthcare operations as outlined in the Notice of Privacy Practices.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, or in response to a request you made to amend or restrict the use or disclosure of your health information, or to have us communicate with you by alternative means or at all alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the US Department of Health and Human Services. We will provide you with the address to file your complaint with the US Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us with the US Department of Health and Human Services. A Privacy/Contact officer has been designated for this office. Please ask our front desk personnel and they will direct you to the Privacy/Contact Officer.

_____ _____

Print Name Signature

_____

Date

OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- An emergency situation prevented us from obtaining acknowledgement
- Communication barriers prohibited obtaining the acknowledgement

Other (please specify): _____

Employee Initials _____