

**NOTICE OF PRIVACY PRATICES AND PATIENT ACKNOWLEDGEMENT**

To our Valued Patient,

The misuse of Personal Health Information (PHI) has been identified as a national problem causing patients inconvenience, aggravation, and money. We want you to know that all of our employees, managers and doctors continually undergo training so that they may understand and comply with the government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPPA) with particular emphasis on the "Privacy Rule." We strive to achieve the very highest standards of ethics and integrity when performing services to our patients.

It is our policy to properly determine appropriate use of PHI in accordance with the governmental rules, laws, and regulations. We want to ensure that our practice never contributes in any way to the growing problem of improper disclosure of PHI. As part of this plan, we have implemented a Compliance Program that we believe will help us prevent any inappropriate use of PHI.

It is our policy to listen to our employees and our patients without any thoughts of penalization if they feel that an event in any way compromises our policy and integrity. More so, we welcome your input regarding any service problem so that we may remedy the situation promptly.

**NOTICE OF PRIVACY**

The Department of Health and Human Services has established a "Privacy Rule" to help insure that personal health care information is protected for privacy. The Privacy Rule provides to follow when disclosing health information about the patient that is needed to carry out treatment, payment, or health care operations.

As our patients we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information. We want to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal medical records. You may request restrictions pertaining to parties you do not want PHI released to. You will be asked to authorize release of PHI to any party that is not directly connected to your treatment, payment or healthcare operations.

If you have any questions, comments or objections to the privacy policies on this form, please speak with one of our staff.

Please sign this form to acknowledge that you have read this notice of our privacy policies.

Patient Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
If minor, signature of parent of guardian: \_\_\_\_\_

**For office use only**

A "good faith effort" was made to get a signature from patient. Signature was not obtained due to the following: \_\_\_\_\_

