

**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT/CONSENT**

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (“HIPPA”), I have certain rights to privacy regarding my protected health information. I understand that is information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand your NOTICE OF PRIVACY PRACTICES containing a more complete description of the uses and disclosures of my health information I have been given the right to review such NOTICE OF PRIVACY PRACTICES prior to signing this consent. I understand that this organization has the right to change its NOTICE OF PRIVACY PRACTICES from time to time and I may contact this organization at any time at the address above to obtain a current copy of the NOTICE OF PROVACY PRACTICES.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

If you believe that your privacy rights have been violated, you may file a complaint with us. All complaints must be in writing.

**Acknowledgment of receipt of this notice:**

We will request that you sign this form acknowledging that you have read and understand the NOTICE OF PRIVACY PRACTICES FOR OUR OFFICES. This acknowledgment will become part of your records.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*We have a copy of HIPPA NOTICE OF PRIVACY PRACTICES available for your review upon request\*\*

---

**OFFICE USE ONLY**

I attempted to obtain the patient’s signature in acknowledgment on the Notice of Privacy Practices Acknowledgment, but was unable to do so as document below:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Reason: \_\_\_\_\_