



# South Lake Pain Institute

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## **NOTICE OF PRIVACY PRACTICES PURSUANT TO 45 C.F.R. § 164.520**

A Paper Copy of This Notice. You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking for it.

### **Contact Person**

You may contact our Privacy Officer at the following phone number for any questions:

**Nadia Lokhnauth (352)-394-0833**

### **Effective Date**

The effective date of this revised Notice of Privacy Practices is 08/21/2017.

## **ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received from the Group a copy of a separate document, entitled, "Notice of Privacy Practices" which sets forth this Group's privacy practices and my rights regarding privacy of my protected health information.

\_\_\_\_\_  
**PATIENT SIGNATURE**

\_\_\_\_\_  
**DATE**