

For Your Review. Electronic form to be e-signed in office

NOTICE OF HEALTH INFORMATION PRACTICES

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information. Please review this notice carefully.

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called “protected health information,” or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

Please request a complete copy of our Notice of Health Information Practices from our staff.

My signature below indicates that I have been offered a copy of the notice of privacy practices.

SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE

DATE

RELATIONSHIP TO PATIENT *if signed by legal representative*

EFFECTIVE DATE

Distribution: Original to provider / copy available to patient