



Our Physicians and staff want you to know How We Will Protect your Private Health Information

When you visit our office it is very important you feel safe in telling your Dr Personal information that may be required to fully diagnose and treat a problem. As medical professionals, please be assured that our practice has always had strict policies and procedures to protect the confidentiality of the information that you have entrusted to us. However, on April 14th 2003, new regulations became effective under a federal law called Health Insurance Portability and Accountability Act (“**HIPAA**”) regulations cover physicians and all other health care providers, health insurance companies and their claims processing staffs. In general, HIPAA was enacted to establish national standards to:

- Give patients more control over their health information
- Set boundaries for the use and release of health records
- Establish safeguards that physicians, health plans and other health care providers must have in place to protect the privacy of health information.
- Hold violators accountable, with civil & criminal penalties; and
- Try to balance need for individual privacy and requirement for public responsibility that requires disclosures to protect the public health.

The HIPAA rules require that our practice provide all of our patients with the above stated Notice of Privacy Practices at their first visit. The Notice describes how the medical information we receive from you may be used or disclosed by our practice and your rights related to this information.

Please sign below that we have provided you with above information for review. You are entitled to a personal copy of the notice of the Notice at any time to review and keep for your records. If you have any questions about our Privacy Practice, please feel free to contact our privacy officer.

Thank you for your cooperation.

I acknowledge that I have reviewed the above practice's Notice and Privacy Policies and have been given the opportunity to ask questions.

Patient name **(please print)** _____ **DOB** _____

Signature _____ **Date:** _____

Guardian or Representative _____

The name(s) listed below are allowed to speak about my medical information: