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Notice of Privacy Practices Acknowledgement Illinois Urological Institute, S.C.

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (“HIPAA”), I have certain rights to privacy regarding my protected health information. I understand that this 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 understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address below to obtain a current copy of the Notice of Privacy 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.

Patient Name: _____

Relationship to Patient: _____

Signature: _____

Date: _____

OFFICE USE ONLY

I attempted to obtain the patient’s signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason:
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Business and Mailing Address

Central DuPage Hospital
 Ambulatory Services Pavilion, Suite 407
 25 North Winfield Road, Winfield, IL 60190
 (P) 630.690.6400 (F) 630.690.6482

Delnor-Community Hospital Campus
 308 Randall Road, Suite C
 Geneva, IL 60134
 (P) 630.232.7300 (F) 630.845.3984

Rush-Copley Hospital
 2020 Ogden Avenue, Suite 400
 Aurora, IL 60504
 (P) 630.701.1122 (F) 630.820.1571