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NOTICE OF PRIVACY PRACTICES
PATIENT ACKNOWLEDGEMENT

PATIENT NAME: _____ DATE OF BIRTH: _____

I HAVE RECEIVED AND UNDERSTAND THIS PRACTICE'S NOTICE OF PRIVACY PRACTICES WRITTEN IN PLAIN LANGUAGE. THE NOTICE PROVIDES IN DETAIL THE USES AND DISCLOSURES OF MY PROTECTED HEALTH INFORMATION THAT MAY BE MADE BY THIS PRACTICE, MY INDIVIDUAL RIGHTS, AND THE PRACTICE'S LEGAL DUTIES WITH RESPECT TO MY PROTECTED HEALTH INFORMATION (HEREAFTER CALLED PHI). THIS INCLUDES BUT IS NOT LIMITED TO:

- A STATEMENT THAT THIS PRACTICE IS REQUIRED BY LAW TO MAINTAIN THE PRIVACY OF PHI.
- A STATEMENT THAT THIS PRACTICE IS REQUIRED TO ABIDE BY THE TERMS OF THE NOTICE CURRENTLY IN EFFECT.
- TYPES AND USES OF DISCLOSURES THAT THIS PRACTICE IS PERMITTED TO MAKE FOR EACH OF THE FOLLOWING PURPOSES: TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS.
- A DESCRIPTION OF EACH OF THE OTHER PURPOSES FOR WHICH THIS PRACTICE IS PERMITTED OR REQUIRED TO USE OR DISCLOSE PHI WITHOUT MY WRITTEN CONSENT OR AUTHORIZATION.
- A DESCRIPTION OF USES AND DISCLOSURES THAT ARE PROHIBITED OR MATERIALLY LIMITED BY LAW.
- A DESCRIPTION OF OTHER USES AND DISCLOSURES THAT WILL BE MADE ONLY WITH MY WRITTEN AUTHORIZATION AND THAT I MAY REVOKE SUCH AUTHORIZATION.
- MY INDIVIDUAL RIGHTS WITH RESPECT TO PHI AND A BRIEF DESCRIPTION OF HOW I MAY EXERCISE THESE RIGHTS IN RELATION TO:
 - THE RIGHT TO COMPLAIN TO THIS PRACTICE AND TO THE SECRETARY OF HHS IF I BELIEVE MY PRIVACY RIGHTS HAVE BEEN VIOLATED, AND THAT NO RETALIATORY ACTIONS WILL BE USED AGAINST ME IN THE EVENT OF SUCH A COMPLAINT.
 - THE RIGHT TO REQUEST RESTRICTIONS ON CERTAIN USES AND DISCLOSURES OF MY PHI, AND THAT THIS PRACTICE IS NOT REQUIRED TO AGREE TO A REQUESTED RESTRICTION.
 - THE RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS OF PHI.
 - THE RIGHT TO INSPECT AND COPY PHI.
 - THE RIGHT TO AMEND PHI.
 - THE RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURES OF PHI.
 - THE RIGHT TO OBTAIN A PAPER COPY OF THE NOTICE OF PRIVACY PRACTICES FROM THIS PRACTICE UPON REQUEST.

THIS PRACTICE RESERVES THE RIGHT TO CHANGE THE TERMS OF ITS NOTICE OF PRIVACY PRACTICES AND TO MAKE NEW PROVISIONS EFFECTIVE FOR ALL PHI THAT IT MAINTAINS. IF CHANGES OCCUR, THIS PRACTICE WILL PROVIDE ME A REVISED NOTICE OF PRIVACY PRACTICES ON REQUEST.

SIGNATURE: _____

DATE: _____