



About Our **Notice** of Privacy Practices

We are committed to protecting your personal health information in compliance with the law. The attached Notice or Privacy Practices states:

- Our obligations under the law with respect to your personal health information.
- How we may use and disclose the health information that we keep about you.
- Your rights relating to your personal health information.
- Our rights to change our Notice of Privacy Practices.
- How to file a complaint if you believe your privacy rights have been violated.
- The conditions that apply to uses and disclosures not described in this notice.
- The person to contact for further information about our privacy practices is our security officer.

We are required by law to give you a copy of this notice and to obtain your written acknowledgement that you have received a copy of this notice.

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices:

Patient Date of Birth: _____
Patient Name(printed): _____ Date: _____

Patient or Responsible Party Signature Date

Description of Legal Authority to Act on Behalf or Patient

Full Privacy Practice is available upon request.