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**PATIENT ACKNOWLEDGEMENT OF NOTICE OF PRIVACY  
PRACTICES FOR PROTECTED HEALTH INFORMATION**

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*This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

This office is required by federal regulation, known as the HIPAA Privacy Rule, to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices. This office will not use or disclose your health information except as described in this Notice.

This office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care options. Protected health information is the information we create and obtain in providing our services to you. The health information about you is documented in a medical record and on a computer. Such information may include documenting your symptoms, medical history, examination, test results, diagnoses, treatment, and applying for future care of treatment. It also includes billing documents for those services.

There may be times that interns or students will be present in the office, either in patient rooms or in a clerical position. If you do not wish for the student to be present or that they are not allowed to access your private health information, please let us know. We will make every effort to accommodate your wishes.

**I will have the opportunity to review the HIPAA Privacy Rule Kit at any time, which is available to me in the office.**

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient/Parent/Guardian Signature: \_\_\_\_\_

