



NOTICE OF PRIVACY PRACTICES

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information.

We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

If you would like a copy of our full Notice of Privacy Practices, please request this from our front desk.

I HAVE BEEN ADVISED THAT IF I REQUEST A COPY OF THE UPDATED HIPPA POLICY ONE WILL BE FURNISHED TO ME

PATIENT'S NAME _____

SIGNATURE X _____

DATE _____