



Effective 4/26/10

## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

This notice summarizes how health data about you may be used and shared and how you can get access to this data.

**IMPORTANT NOTE:** This does not include all of the details of our privacy policy. For more details, please read the NOTICE OF PRIVACY PRACTICES that your practitioner has provided you.

**1) How we may use and share health data about you:**

- Treatment: To provide you with medical treatment or other types of health services.
- Payment: To bill you or a third party for payment for services provided to you.
- Health Care Operations: For our own operations such as quality control, compliance monitoring, audit, etc.

**2) Disclosures where we do not have to give you a chance to agree or object:**

- To you
- As required by federal, state or local law
- If child abuse or neglect is suspected
- Public health risks (to prevent and control the spread of disease)
- Lawsuits and disputes (in response to a court or administrative order)
- Law Enforcement (to help law officials respond to criminal activities)
- Coroners, medical examiners or funeral directors
- Organ or tissue donation facilities (if you are an organ donor)
- To avert a threat to an individual or to public health safety

**3) Disclosures where we have to give you a chance to agree or object:**

- Patient Directories
- Persons involved in your care or payment for your care- we may share your health data with a family member, a close friend, or other person that you have named as being involved with your health care.

**4) Other Uses of Health Data: Uses not covered by this notice or the laws that apply to us will be made only with your written consent.**

**5) You have the following rights relating to the health data we keep about you:**

- The right to inspect your health record and to receive a copy of your health record upon request.
- The right to amend information in your health record you believe is inaccurate or incomplete.
- The right to know to whom we have disclosed your health information
- The right to ask for limits on the health information data we give out about you.
- The right to receive communication from us about your health information in alternate ways.
- The right to a paper copy of the complete Notice of Privacy Practices.

**I acknowledge that I have received the Notice of Privacy Practices of this practice.**

\_\_\_\_\_  
Signature of patient/legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed patient name/legal guardian

\_\_\_\_\_  
Date of Birth