NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Notice of Privacy Practices.*

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name: _____

Signature: _____

Relationship to Patient: _____

Date: _____

OFFICE USE ONLY

The following attempts were made to obtain patient/guardian signature, in acknowledgement on this Notice of Privacy Practices Acknowledgement:

□ Sent the Notice of Privacy Practices & Notice of Privacy Practices Acknowledgement with Self-Addressed Stamped return envelope. Date: _____

□ Made a follow up call 4 – 5 days later. Date: _____

□ Sent a copy home with worker. Date: _____

□ Made a final follow up call. Date: _____

All the above-mentioned attempts were made to obtain the patient/guardian's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but were unable to do so as documented below:

Date:	Initials:	Reason: