

NOTICE OF PRIVACY PRACTICES — ACKNOWLEDGEMENT

We keep a record of the care we give you. The record also contains other health information about you.

You may ask to see and copy the record of your health information.

You may also ask to change that record.

We will not disclose your health information to others unless we have your permission do so or unless the law allows or requires us to do so.

You may see your health information or ask about it by contacting:

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can get it.

By signing this form, you are letting everyone know that you received a copy of the Notice of Privacy Practices that explains your rights.

X

(Signature of patient or legally authorized person)

Date

Time

(Printed Name if not the patient)

(Relationship to Patient)