



Acknowledgment of Notice of Privacy Practice and HIPAA Notice of Privacy Practice

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of care and services you receive at this practice. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this practice, whether made by practice personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. By signing this document, I acknowledge that I have read and understand the Notice of Privacy Practices and the HIPAA Privacy Act practices. If you have any questions about this notice, please contact the Privacy Officer.

Signature

Date