



# Privacy Practice

## Notice of privacy practices – Acknowledgement

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes us to do so. You may see your record or get more information about it by contacting [name or title of Privacy officer]

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

**By my signature below I acknowledge receipt of the Notice of Privacy Practices.**

**Patient or Legally authorized individual signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name is signed on behalf of patient:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

(Notation, if any, by staff)

This form will be retained if your medical record.

Last Update 4/01/2003