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Privacy Practices Acknowledgement

(Retain this page in Patient records)

Privacy Notice Amendment 2013

The Notice of Privacy reflects the current laws surrounding patient privacy and the retention and use of patient information. We are required, by law, to offer this Notice to you so that you will know your rights surrounding privacy. Our Practice does everything possible to maintain privacy, continuously update protocols and procedures to assure all patients that we take privacy seriously.

Acknowledgement:

I have had the opportunity to read the Patient Privacy Notice for this practice. I understand that I may ask for a copy to take with me at any time, and that an appointed person is available to answer any questions that I may have now, or in the future, regarding the use of my Personal Health Information. By signing this form I am not agreeing or disagreeing with the law. I am acknowledging that I have had the opportunity to read this Notice and /or receive a copy in writing to take with me.

_____ _____

Patient signature date

_____ _____

Practice witness date

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☐ For Practice Use: