

HIPAA Declaration
(Health Insurance Portability and Accountability Act)

The Practice:

- (a) Is required by federal law to maintain the privacy of your Protected Health Information and to provide you with this Privacy Notice detailing the Practice's legal duties and privacy practices with respect to your Protected Health Information.
- (b) Under the Privacy Rule, may be required by State law to grant greater access or maintain greater restrictions on the use or release of your Protected Health Information than that which is provided for under federal law
- (c) Is required to abide by the terms of the Privacy Notice
- (d) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your Protected Health Information that it maintains.
- (e) Will distribute any revised Privacy Notice to you prior to implementation
- (f) Will not retaliate against you for filing a complain

EFFECTIVE DATE

This Notice is in effect as of 7/26/04

PATIENT ACKNOWLEDGEMENT

By subscribing my name below, I acknowledge receipt of this notice, and my understanding and my agreement to its terms.

PATIENT

DATE

FOR PRACTICE USE ONLY

Practice Documentation of Good Faith Effort to Obtain Acknowledgment
Patient's acknowledgment of this notice could not be obtained because:

- Patient refused to sign
- Communication barrier prohibited obtaining acknowledgment
- Emergency circumstances
- Other

Details:

Signature of Practice

Date