

NOTICE OF PRIVACY PRACTICES

In compliance with the Health Insurance Portability and Accountability act (HIPAA). This notice is to inform you of our privacy practices, how medical protected health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

As a patient, you have the following rights:

1. The right to inspect and copy your information.
2. The right to request corrections to your information.
3. The right to request that your information be restricted.
4. The right to request confidential communications.
5. The right to report of disclosures of your information.
6. The right to a paper copy of this notice.

For questions regarding this notice, to request information, to obtain copies of compliance statues, or for information about filing a complaint concerning possible violations of this act, please contact Sandra at 723-1511.

We want to assure you that your medical protected health information is secure with us.

Patient acknowledgement

I acknowledge that I have read this notice.

Signature

Date