

Acknowledgment of Receipt of  
"Notice of Privacy and Practices" to Protect the Privacy of Your Health Information

The federal government mandated that as of April 14, 2003 all health care patients are to receive from their clinicians a notice (hereafter referred to as "Notice") regarding the protection of their private health care information in compliance with the Health Insurance Portability and Accountability Act ("HIPAA") Privacy Rule (45 C.F.R. parts 160 and 164).

This Acknowledgment documents that Dr. Sack has given you the "Notice" that is required. HIPAA covers what is called "protected health information" (PHI) that is used for treatment, payment, and health care operations. PHI is information in your health record that could identify you.

The Notice contains basic information about:

1. how your PHI may be used and disclosed for treatment, payment and health care operations (these terms are defined in the Notice)
2. which uses and disclosures require authorization from you and which don't
3. how you may revoke an authorization you have made
4. certain rights you have to restrict use and disclosure of PHI, to receive confidential communications by alternative means and at alternative locations, to inspect and receive a copy of your records, to amend your records, and to have an accounting of disclosures
5. a list of my duties to protect the privacy of your PHI, my right to change the privacy policies and practices described in the Notice, and how I will inform you of changes
6. what you can do if you have any complaints about violations of your privacy rights, or about decisions about access to your records I may make

Generally, this Privacy Notice is given on a patient's first visit unless there is good reason to delay. A copy of the Notice is available in my waiting room. I will also give you a copy of this notice. This Acknowledgment documents that I have given you a copy of the Notice.

*I acknowledge that Dr. Sack has given me a copy of the Privacy Notice (version 2.0, dated September 22, 2013) as required by the federal government's HIPAA legislation.*

Date \_\_\_\_\_

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name of Parent or Legal Guardian, if patient  
is a minor, Personal Representative

\_\_\_\_\_  
Signature

Describe your role in regard to the patient and/or the authority by which the person is signing for the Patient:

\_\_\_\_\_