



Notice of Privacy Practices

Notice of Privacy Practices: You have been provided a copy of our Notice of Privacy Practices. A copy of our Notice of Privacy Practices is also posted on our website and available at our office. Our office complies with **HIPAA (Health Insurance Portability and Accountability Act of 1996)** and all federal and state laws governing the privacy of your information. If you have any questions regarding the information in the Notice, please contact the representative designated in the Notice.

Use of Information: By signing this form, you consent to our use and disclosure of your Protected Health Information (PHI) to carry out Treatment, Payment activities, and Healthcare Operations (TPO). You are also acknowledging receipt, understanding and agreement to our Notice of Privacy Practices. The duration of this consent is indefinite and continues until revoked in writing.

You may refuse to sign this authorization.

Patient Name DOB

Signature (Responsible Party)

Date