



Health Insurance Portability and Accountability Act

This act describes how medical information about you may be used and disclosed and how you can access the information. The privacy of your information is very important to us. The following is a synopsis of our office policy. A very detailed notice will be posted in our office or will be mailed to you at your request:

- We will use your health care information to treat you.
- We may disclose your information to other healthcare providers and/or attorneys for the purpose of treatment.
- We will use your information to receive payment for products and/or services.
- We may call or write to inform you of available services and/or products.
- We may leave a detailed message reminding you of your appointment, which includes the patients' name and the time at the numbers you provided.
- We will not make any other uses or disclosures of you information unless you sign a written authorization form.
- When you visit our office you will be given an opportunity to read our detailed policy or be given a brief explanation before you sign any of our forms.

By signing below, I acknowledge that I have reviewed a copy of the notice and that it was fully explained to me.

Date

Patient Name:

Signature of Patient or Personal Representative

Description of Personal Representative's Authority