



## Notice of Privacy Practice

As required by the privacy regulations created as a result of the health insurance portability and accountability act (HIPAA):

Our office is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our office concerning you IIHI. By the federal and state law, we must follow the items of notice of the privacy practices that we have in effect at the time. If you have any questions, regarding this notice of your health information privacy policies, please contact our private officer.

***BY SIGNING THIS DOCUMENT, I UNDERSTAND AND AGREE WITH THIS NOTICE.***

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

\_\_\_\_\_  
Signature of Patient/Responsible Party

\_\_\_\_\_  
Date