

NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT

We keep a record of the health care services we provide for you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting Dr. Jeff Nerio.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below I acknowledge receipt of the Notice of the Privacy Practices.

Patient or Legally Authorized Individual signature

Date/Time

Printed Name (if signature is on behalf of patient)

(Relationship to Patient)

Notation, if any, by staff:

This for will be retained in your medical file.

Last update: ____/____/____