



Notice of Privacy Practices Acknowledgement

Under the Health Insurance Portability and accountability Act (HIPAA) of 1996 you the patient have certain rights to privacy regarding your protected health information (PHI). This information can be disclosed to other entities for the purposes of:

- 1. Treatment: The provision, coordination, or management of health care and related services by one or more health care providers...
2. Payment: Reimbursement for the provision of healthcare, which includes but is not limited to: Billings, claims management, collection activities...
3. Health care operations: Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines...

I have received, read and understand MGNC/SDCC's full and complete version of its Notice of Privacy Practices. I understand that I may request: restrictions on disclosures, a history of non-routine disclosures, access to your medical records and that my protected health information be amended. However, MGNC/SDCC does not have to agree to the requested restriction but if we do we are bound to abide by them. In addition, MGNC/SDCC does not have to grant access to or amend your medical record if it is not in your best interest as determined by your physician.

Patient Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY

I attempted to secure the patient's signature in acknowledgement of this Notice of Privacy Practices but was unable to do so.

Reason for not signing \_\_\_\_\_

Date: \_\_\_\_\_ Initials \_\_\_\_\_