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ACKNOWLEDGEMENT of Receipt of Notice for Physicians policies and practice, to protect the privacy of your medical records and health information

The Federal Government mandated that as of April 14, 2003 all health care patients are to receive from their clinicians a notice (hereafter referred to as "Notice") regarding the protection of their private care information in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45CFR parts 160 and 164)

This acknowledgement documents that Dr. Gritz's office has given you the "Notice" that is required. HIPAA covers what is called "Protective Health Information" (PHI) that is used for treatment, payment, and health care operations on your records that could identify you.

The notice contains information about

1. How your PHI may be used and disclosed for treatment, payment, and health care operations (these terms are defined in the "Notice").
2. Which uses and disclosures of PHI require authorization from you, and which do not.
3. How you may revoke and authorize.
4. Certain rights you have to restrict use and disclose PHI, to receive confidential communication by alternative means and at alternative locations, to inspect and copy your records, and to amend your records to have an accounting disclosure.
5. A list of duties to protect the privacy of your PHI, our rights to change the privacy policies and practices described in the "Notice", and how we will inform you of changes.
6. What you can do if you have any complaints about violations of your privacy right.
7. Any restrictions and limitations you or we wish to put on the use and disclosure of your PHI.

The privacy "Notice" is a few pages in length. Generally, this notice is given on the first visit unless there is good reason to delay. A copy of the "Notice" is always available in my office. I will also give you a copy of the "Notice" if requested. This page documents that you consent to the use of your PHI for treatment, payment and health care operations.

Print Patient Name	**Signature**	**Date**
Parent or Guardian	**Signature**	**Date**
Witness Print Name	**Signature**	**Date**