

		
Acknowledgement of Receipt Notice of Privacy Practices	Patient Identification	RI.005.1.F01

It is our responsibility and intent to protect the confidentiality of our patients to the fullest extent permitted by law and according to the wishes of our patients.

The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, includes important practices for healthcare organizations regarding the privacy and security of patient information.

Your signature below acknowledges you have received the Notice of Privacy Practices. This notice describes how a patient’s protected health information (PHI) may be used or disclosed to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. The notice also details patient rights and our duties regarding their PHI.

Thank you.

Stephen R. Setterberg, M.D.
 CEO

Patient/Guardian Signature

Date