



We are required by law to maintain the privacy of your health information and provide individuals with a notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer.

Your signature is only acknowledgement that you have access to (in the lobby) or have received our Notice of Privacy Practices.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_