

IMPORTANT NOTICE TO OUR PATIENTS

As required by the HIPAA Privacy Regulations, all patients who receive health care services in our office on or after April 14, 2003 must have:

- **A copy** of the current "Notice of Privacy Practices" Form made available; and
- **Sign** the "Acknowledgement" Form below and return it to our front desk for our records.

Please note that the Privacy Notice is not a consent form that must be read in full and signed before treatment can be provided; rather, the Notice provides our patients with a summary description of (1) how our office will use and disclose medical and billing information for legitimate business purposes, and (2) how our patients can exercise their rights with regard to this medical information. These notices are similar to the ones that the general public received from their banks and other financial institutions last year.

Please Sign the Acknowledgement Form below and return it to our front desk for our records.

Thank you very much.

ACKNOWLEDGMENT FORM

I hereby acknowledge that a current copy of the Privacy Notice has been made available to me.

Patient or Personal Representative* Signature

Date

(*) If signed by Personal Representative, please state your relationship to Patient:
