

**ACKNOWLEDGEMENT OF RECEIPT OF
HIPAA NOTICE OF PRIVACY PRACTICES**

Smith and Christensen, L.L.P.

I understand that under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time to obtain a current copy of the *Notice of Private Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that the organization has taken action relying on this consent.

In addition, I authorize *Smith and Christensen, L.L.P.* to disclose my protected health information to the following person(s):

Name	Relationship

Please Note: It is your right to refuse to sign this Acknowledgement.

Patient Name (Please Print)

_____ Signed (Patient or Legal Representative for Patient)	_____ Date
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Authority of Legal Representative to Sign for Patient (check one):

Parent Guardian Power of Attorney Other: _____

Office Use Only

An attempt was made to obtain written Acknowledgement by the individual noted above of receipt of our **Notice of Privacy Practices**, but it could not be obtained because:

___ A communication barrier prevented us from obtaining acknowledgement.
___ The individual was unwilling to sign.
___ Other: _____

Staff Member Signature

Date