

HIPAA NOTICE OF PRIVACY PRACTICES

In accordance with the Health Insurance Portability and Accountability Act of 1996, patients of this practice are entitled to the greatest degree of privacy possible. This office will strive to ensure that patient information is used only for authorized purposes as agreed to by the patient. Patients are advised that they have a right to review their medical files upon reasonable notice to the practice and during normal business hours, and to make comments to the same. For further information, contact the HIPAA coordinator at (310) 673-3333.

RECEIPT OF HIPAA NOTICE

I understand that as part of my medical services, this organization originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment
• A means of communicating among the many health professionals who contribute to my care
• A source of information for applying my diagnosis and surgical information to my bill
• A means by which a third-party payer can verify that services billed were actually provided
• A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand, and have been provided with a notice of privacy practices (privacy notice), which provides a more complete description of information uses and disclosures. I understand that the organization reserves the right to change their notice and practices and that prior to implementation will mail a copy of the revised notice to me at the address I have provided. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations and that the organization is not required to agree to the restrictions requested.

I acknowledge receipt of this organization's notice of privacy practices (privacy notice).

Form with fields for SIGNATURE, PRINTED NAME, and TODAY'S DATE. Includes handwritten 'X' marks in the signature and printed name fields.