



ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED MY HIPAA PRIVACY NOTICE

I am required by law to keep your health information safe. This information may include:

- notes from your doctor, teacher, or other health care provider
- your medical history
- your test results
- treatment notes
- insurance information

I am required by law to give you a copy of my privacy notice. This notice tells you how your health information may be used and shared. It also tells you how you can look at and comment on your information.

By signing this page, you are saying that you have been given a copy of our privacy notice.

Print Patient's Name

Date

Patient or Parent/Guardian Signature

Relationship to Patient