

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us with the U.S. Department of Health and Human Services.

A Privacy/Contact Officer has been designated for this office. Please ask our front desk personnel and they will direct you to the Privacy/Contact Officer.

**PATIENT ACKNOWLEDGEMENT OF
RECEIPT OF NOTICE OF PRIVACY PRACTICES
AND CONSENT FOR NECESSARY USE OF
PERSONAL HEALTH INFORMATION**

_____ Date
Print Patient's Name

I, _____, have received
(Signature of Patient or Parent or Legal Guardian)

a copy of this office's NOTICE OF PRIVACY PRACTICES as required by federal law.

I, _____, consent to the use and disclosure of
(Signature of Patient or Parent or Legal Guardian)

my personal health information by your office during Treatment, Billing/Payment and Healthcare Operations as outlined in the Notice of Privacy Practices.