



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Under the Health Insurance Portability and Accountability Act (HIPAA) Saint Mary's Health Care/Advantage Health/Saint Mary's Medical Group will use and disclose (share) your protected health information for 1) Treatment of your medical condition and maintaining the continuity of your care, 2) Payment for medical services provided to you, and 3) Routine health care operations including quality improvement, accreditation, educational purposes, or other disclosures as required by law.

I acknowledge:

The Notice of Privacy Practices was posted in a clear and prominent location where I was able to view it and a copy made available to me upon my request. If I came in for health care services in an emergency treatment situation, I was able to view the notice as soon as reasonably practicable after the emergency treatment situation.

I received the Notice of Privacy Practices before April 14, 2003, or no later than the first day I received health care services on or after April 14, 2003.

Permitted Use of Protected Health Information:

We may disclose your protected health information to family members or friends who are responsible for or appear to be involved in your medical care or your health care bills. We may also notify your family or friends of your location and condition in the event of an emergency or disaster.

It is our practice to leave messages at your home regarding appointment reminders, prescription refills, or referral/testing arrangements. **You may agree to these uses of your protected health information or you may ask us to limit our use of your protected health information.**

Please list the individual(s) we are allowed to share your protected health information with:
(Name, relationship, phone number)

I agree to all of the above uses and disclosure and understand this will remain in effect until I notify Saint Mary's Health Care/Advantage Health/Saint Mary's Medical Group of any changes.

Print Name of Patient

Patient's Date of Birth

Signature of Patient or Representative

Date

If an acknowledgement is not obtained, staff must document below the good faith efforts to obtain the acknowledgement and the reason why the acknowledgement was not obtained:

Reason: _____

Signature of Staff Person

Date