



ELECTRONIC HEALTH INFORMATION EXCHANGE (HIE)

I understand that the HIE tells my Medical Team where I've had care and what prescribed medications I take so that they can get facts to help me without asking for printed medical records. I agree that my Medical Team may get or share my health information from an HIE or similar database service.

If I do NOT wish my Medical Team or other Medical Teams that treat me to get or share my health information through HIE, I will check this box.

SIGNATURE: _____ DATE: _____

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

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, read 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 at the address above to obtain a current copy of the *Notice of Privacy 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.

PATIENT NAME: _____
 RELATIONSHIP TO PATIENT: _____
 SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgment on this Notice of Privacy Practices Acknowledgment, but was unable to do so as documented below:

DATE	INITIALS	REASON