

Osteopathic Healthcare of Maine

Notice of Privacy Practices Acknowledgment

I understand that, under the **Health Insurance Portability & Accountability Act of 1996 (HIPPA)**, 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.
- Follow-up among the multiple healthcare providers who may be involved in treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I have received Osteopathic Healthcare of Maine's Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information (available in our waiting room). I understand that Osteopathic Healthcare of Maine has the right to change its Notice of Privacy Practices from time to time and that I may contact Osteopathic Healthcare of Maine at any time to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that Osteopathic Healthcare of Maine restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I also understand that Osteopathic Healthcare of Maine is not required to agree to my requested restrictions, but if an agreement is reached then they are bound by such restrictions.

Patient Name

Patient Date of Birth

Patient/Legal Guardian Signature

Relationship to Patient

Date

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement of the notice of privacy practices, but was unable to do so as documented below: _____ Date: _____
