

Acknowledgement of the Notice of Privacy Practices

Acknowledgement:

I acknowledge that I have received the Notice of Privacy Practices.

I understand that due to the HIPAA regulations, patient information may **NOT** be released to **ANY** family member or friend without written authorization completed on the HIPAA disclosure form. (Personal letters are not acceptable according to law.) There are disclosure exceptions if the patient is a minor or when Power of Attorney has been established.

Details are described within the Notice of Privacy Practices.

Patient or Personal Representative Signature

Date

If Personal Representative's signature appears above, please describe Personal Representative relationship(s) to the patient. _____

IF SOMEONE ELSE MAY NEED TO PICK UP YOUR FILMS, PLEASE COMPLETE THE "AUTHORIZATION FOR USE OR DISCLOSURE OF INFORMATION" BELOW

Please list names of those you wish to give permission to have access to your records below:

1. _____ Relationship to Patient: _____

2. _____ Relationship to Patient: _____

NOTICE OF PRIVACY PRACTICES FOR

Advanced Imaging Associates

(Referred to in this document as "the provider")

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any of your written and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by your health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

The notice is displayed in our office. If you have any further questions, please speak with our Hipaa Compliance Officer.

