



## NOTICE OF PRIVACY PRACTICES EXECUTIVE EDITION

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.

**EFFECTIVE: APRIL 14, 2003**

**Uses and disclosures of your protected health information:**

- For Treatment
- For Payment
- Health Care Operations
- Appointment Reminders
- Health Related Services/Treatment Alternatives
- Individual involved in your care
- Research
- Organ and Tissue Donation
- As required by Law
- To avert a serious threat to the Health or Safety
- Worker's Compensation
- Public Health Activities
- Health Oversight Activities
- Lawsuits and Disputes
- Law Enforcement
- Coroners, Health Examiners, and Funeral Directors
- National Security & Intelligence Activities
- Protective Services for the President and others
- Inmates

**Your Rights**

- Right to Inspect and Copy
- Right to Amend
- Right to Receive an Accounting of Disclosures
- Right to Request Restrictions
- Right to Receive Confidential Communications
- Right to a Paper Copy of this Notice

**Changes to this Notice**

**Complaints**

**Other Uses and Disclosures**

You may request the complete Notice of Privacy Practices.



## ABOUT OUR NOTICE OF PRIVACY PRACTICES

We are committed to protecting your personal health information in compliance with the law. The attached Notice of Privacy Practices states:

- Our obligations under the law with respect to your personal health information.
- How we may use and disclose the health information that we keep about you.
- Your rights relating to your personal health information.
- Our rights to change our Notice of Privacy Practices.
- How to file a complaint if you believe your privacy rights have been violated.
- The conditions that apply to uses and disclosures not described in this Notice.
- The person to contact for further information about our privacy practices.

We are required by law to give you a copy of this notice and to obtain your written acknowledgment that you have received a copy of this notice.

### PATIENT ACKNOWLEDGMENT OF RECEIPT

I, \_\_\_\_\_, hereby acknowledge that I have received a copy of the Notice of Privacy Practices.

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Patient's Signature

Date

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Signature of Parent or Patient's Representative (if applicable)

Date

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Description of Legal Authority to Act on Behalf of Patient