ACHNOWLEDGEMENT OF RECIEPT OF NOTICE OF PRIVACY ACT

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

Please review it carefully. The privacy of your health information is important to us.

Our Legal Duty:

We are required by federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. If you would like a copy for your records please let me know and I would be happy to make one for you.

Uses and Disclosures of Health Information:

Because billing your insurance company requires the use of your personal information, we are required by law to receive your consent before billing you or your insurance company. If your consent is not received then we cannot bill your insurance and you will be required to pay in full for all expenses at the time of service. We may disclose your health information when it is required to do so by law. We are also required to by law to have your consent in cases such as transferring records to another health care provider. (For example any treatment plans and or X-rays.) We also use your personal information for our billing purposes. If you have any questions regarding this Act please let us know.