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Summary of Notice of Privacy Practices

We will use and disclose your health information in order to treat you or assist Other health care providers in your treatment. We will also use and disclose your health information in order to obtain payment for our Services or to allow insurance companies to process insurance claims for services rendered for certain limited operational activities such As quality assessment, licensing, accreditation and training of students. Except as stated in the detailed notice of privacy, we will not use or disclose your health information without your written authorization. In the following circumstances, we may disclose your health info Without your written authorization: To family members or close friends who are involved in your health care, for certain limited research Purposes, for purpose of public health and safety, to government agencies for purpose of their audits, investigations and other oversight Activities; to government authorities to prevent child abuse or domestic violence; to the FDA to report product defect or incidents; to law Enforcement authorities to protect public safety or to assist in apprehending criminal offenders; when required by court orders, search Warrants, subpoenas and as otherwise required by law. As our patient, you have the following rights: to have access to and/or a copy Of your health information, to receive an accounting of certain disclosures we have made of your health information, to receive notice Of our privacy practices, to request restrictions as to how your health information is used or disclosed, to request that we communicate With you in confidence, to request that we amend your health information. Acknowledgement of receipt of privacy practices.

I acknowledge that I was provided a copy of the notice of privacy practices and that I read and understand the notice.

Patient or authorized signature: _____   Date: _____