

Privacy Notice Acknowledgement

I understand that as part of my health care, 99W Urgent Care and Health Center originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatments, and any plans for future care or treatment. I understand that this information serves as:

- a basis for planning my care and treatments,
- a means of communication among the many health professionals who contribute to my care,
- a source of information for applying my diagnosis and treatment information to my bill,
- a means by which a third-party can verify that services billed were actually provided, and
- a tool for routine health care operations such as assessing quality and reviewing the competence of health care professionals.

A copy of the *Privacy Notification* that provides a more complete description of information uses and disclosures of protected health information has been made available to me.

I understand that I have the right

1. to inspect my medical record and request and amendment,
2. to request a listing of disclosures of my record (except for payment, treatment or health care operations) and
3. to request restrictions as to how my health information may be used. I understand that I may revoke, in writing, any restrictions I have made, except to the extent that the organization has already taken in reliance thereon.

By signing this, I acknowledge that I have been offered a copy of the Privacy Notice and a copy of this form.

Signature of Patient or Legal Guardian

Date

Witness

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For Office use only

Unable to obtain Acknowledgement because:

- True Emergency; Patient non responsive; Patient confused/ disoriented;
- Patient has been sedated; _____

Employee Signature

date