



Privacy Policy Agreement & Acknowledgement of Privacy Practices

Hearing, Speech & Deaf Center (“HSDC”) wants you to be aware of the federal government rules and regulations that are in place to protect your health information. HSDC is committed to helping you understand these rules and regulations so that we can most effectively treat you and inform you how information that may identify you and that relates to your health care will be used. Some of these documents must be signed to show you received and understand them.

NOTICE OF PRIVACY PRACTICES

The Notice of Privacy Practices is a document that goes into detail to fully inform you about how your health information is used. The Notice of Privacy Practices covers the following topics:

- How HSDC manages and protects your health information
- How you can restrict certain uses and disclosures of your protected health information
- Your rights in requesting information about your protected health information; and
- Contact information if you have any questions or concerns regarding your protected health information.

You are requested to sign this acknowledgment that you received the Notice of Privacy Practices.

Acknowledgment of receipt of Notice of Privacy Practices

By signing below, I acknowledge that I received a copy of Hearing, Speech & Deaf Center’s Notice of Privacy Practices. The Notice provides information about how we may use and disclose the medical information that we maintain about you. We encourage you to read the full Notice. I understand that a copy of the current Notice will be available in the reception area, the website, and that any revised Notice of Privacy Practices will be made available.

Signed name of patient/personal representative

Date

Printed name of patient/personal representative