

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT
NFB, PLLC d/b/a GREENLAKE PRIMARY CARE and GREENLAKE PSYCHIATRIC

We want to inform you of the rights you have as a patient under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), as updated by the 2013 HIPAA Final Omnibus Rule.

In summary under HIPAA, I understand that my personal information may be used to:

- Provide and coordinate my treatment among a number of healthcare providers who may be involved in my treatment directly or indirectly
- Obtain payment from third-party payers for my healthcare services
- Conduct normal healthcare operations such as quality assessment and improvement activities

I have been informed of Greenlake Primary Care (GPC) and Greenlake Psychiatric's Notice of Privacy Practices and understand that I may request a copy of this Notice for my own use.

I understand that GPC and Greenlake Psychiatric have the right to change their Notice of Privacy Practices and that I may contact this office to obtain a current copy.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations.

I further understand that GPC and Greenlake Psychiatric are not required to accept my requested restrictions, but if they are accepted then I understand that they will honor my request unless it is an emergency.

I further understand that I have the right to not sign this acknowledgement in order to receive treatment at GPC and/or Greenlake Psychiatric.

Our Notice of Privacy Practices describes in more detail how your health care record may be used and disclosed, and how you can access your information. Copies are available at our office or on our website: www.greenlakeprimarycare.com.

I acknowledge that I have had the opportunity to review the Notice of Privacy Practices. This signed acknowledgement form of my review will be retained in my medical record, in accordance with HIPAA Privacy Act regulations.

I also acknowledge that GPC and Greenlake Psychiatric will call to leave reminder phone calls with date and time, name of provider; on occasion reminder post cards may be sent as well.

Name of patient: _____ Date of Birth: _____

Signature: _____ Today's date: _____
(if guardian's signature please print your name here: _____)