

STEVEN J. SMITH. M.D.
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Kingwood, Texas 77339

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (“HIPPA”), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the Office of Dr. Steven J. Smith. M.D. and his employees.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have been given the opportunity to read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that the Office of Dr. Steven J. Smith, M.D. has the right to change it’s Notice of Privacy Practices from time to time and that I may contact this office at any time at the address above to obtain a current copy of this notice.

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 also understand this office is not required to agree to my restrictions, but if they do agree then they are bound to abide by such.

Patient Name: _____

Signature of Patient (if minor, signature of parent or guardian): _____

Signature: _____

Date: _____

For office use only

I attempted to obtain the patient’s signature in acknowledgement on this Notice of Privacy Acknowledgement, but was unable to do so as documented below.

Date: _____ **Initial** _____

Reason _____