



1720 Mesquite Avenue, Suite 201
Lake Havasu City, AZ 86403
Phone: (928) 680-4255
FAX: (855) 252-2762

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE
AND CONSENT TO USE HEALTH INFORMATION**

I understand that under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), 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 multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, 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 this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Private Practices. 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 you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Acknowledgement and Consent

I have received the Notice of Privacy Practices for **RHEUMATOLOGY & ARTHRITIS CONSULTANTS**, detailing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of the Notice of Privacy Practices.

Signature of Patient or Guardian

Date

Who can we leave a message with by phone? _____
(PRINT NAME)

Besides you, are there any parties that you will specifically allow to receive communications about all or part of your protected health information? (Provide Name and relationship to Patient)

- () Spouse: _____
- () Caregiver: _____
- () Child: _____
- () Other: _____

*****For Office Use Only*****

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because: _____