

Lehigh Family & Geriatric Associates

135 Lafayette Avenue

Palmerton, PA 18071

****NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT****

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 be used to:

- Conduct, plan & direct my treatment & follow-up among the multiple healthcare providers who may be involved in that treatment directly & indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments & physician certifications.

I have received, read, understand & been informed by you of your Notice of Privacy Practices containing a more complete description of the uses & disclosures of my health information (available on our website). I understand that this organization has the right to change its Notice of Privacy Practices from time to time & 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 with my requested restrictions, but if you do agree you are bound to abide by such.

Patient Name _____

Relationship _____

Signature _____

Date ____/____/_____

