PROLIANCE SURGEONS®

NOTICE OF PRIVACY PRACTICES — ACKNOWLEDGEMENT

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting the administrator of the location at which you have been treated. Please call the main office phone number and ask for the administrator.

Our **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

Check one:

- ☐ **By my signature below I acknowledge receipt of the Notice of Privacy Practices.**
- ☐ **By my signature below I acknowledge that I have declined to accept the complete Notice of Privacy Practices and instead asked to receive only the Short Form Notice of Privacy Practices. I have been made aware that the complete Notice of Privacy Practices is available to me at any time, if I request a copy, is available and on display in the waiting room, and is available on the Proliance Surgeons web site at address: www.proliancesurgeons.com.**

Patient or legally authorized individual signature

Date Time

Printed name if signed on behalf of the patient

Relationship
(parent, legal guardian, personal representative)

This area for staff notes (if any):

This form will be retained in your medical record.

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