

NOTICE: PATIENT PRIVACY



We are Committed to Preserving the Privacy of your Personal health information. In fact, we are required By law to Protect the Privacy Of your Protected health information and to Provide you with notice Describing:

HOW YOUR PROTECTED HEATH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

- * **We are not required By law to have your written authorization Before we use or Disclose to others your Protected health information for PurP Oses Of Providing Or arranging for your health Care.**
- * **We may Be required Or Permitted By certain laws to use and Disclose your Protected health information for other PurP Oses without your Consent Or auThOrization.**
- * **As our Client, you have the rights relating to inspecting and COpying your Protected health information that we maintain, amending Or COrrecting that information, OBtaining an accounting Of our Disclosures Of your Protected health information, requesting that we communicate with you ConfiD entially, requesting that we restrict certain uses and Disclosures Of your health information, and filing a ComPlaint if you think your rights have Been violated.**
- * **We have available a Detailed NO TICE OF PRIVACY PRACTICES which fully explains your rights and our OBligations Under the law. We may revise our NO TICE and our Privacy Practices and PROCEdures from time to time. The E ffective D ate at the Bottom left hand side Of this Page indicates the D ate Of the most current NO TICE in effect.**
- * **You have the right to receive a COpy Of our most current NO TICE in effect.**
- * **If you have any questions, concerns Or ComPlaints aBout the NO TICE Or your Protected health information Please Contact Barbara Carpenter, our P rivacy O fficer, at 502-589-4357 or toll free at 1-800-877-8332.**
- **E ffective D ate: January 1, 2004**

SIGNATURE: _____

My signature verifies that I have read the above HIPAA Compliant information.

D ate: _____