

The Doctors and Staff of Northcrest Family Medicine Want You to Know We Will Protect Your Family's Private Health Information

When you visit our office, it is very important that you feel safe in telling our providers and staff personal information that may be required to fully diagnose or treat a problem. As medical professionals, please be assured that our practice has always had strict policies and procedures to protect the confidentiality of the information that you have entrusted in us. However, on April 14, 2003, new regulations became effective under a federal law called the Health Insurance Portability and Accountability Act (HIPAA).

The HIPAA rules require that our practice provide all our patients that we see after April 14, 2003 with the Notice of Privacy Practices. The Notice describes how the medical information we receive from our patients may be used or disclosed by our practice and patient's rights to access this information.

Thank you for your cooperation.

I acknowledge that I have been given the opportunity to receive a copy of the Northcrest Family Medicine Notice of Privacy Practices and have been given an opportunity to ask questions.

Patient Name: _____
(Please Print)

Patient Signature: _____ Date _____
(If Patient is a minor the signature of a Parent/Guardian is required)

Relationship to Patient _____