



Dear Patient:

There have been revisions to the HIPPA rules. We are required by law to maintain the Privacy of Protected Health Information and to give you this Notice regarding this information. You have certain right and we have certain obligations – regarding the privacy of your Protected Health Information. If you would like a copy of these changes, please ask the staff for a copy and it will be provided to you upon your request.

I acknowledge the notice has been made available to me.

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Patient Name and or Guarantor:

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Date: