**NOTICE OF PRIVACY PRACTICES-ACKNOWLEDGEMENT**

We keep a record of the healthcare services we provide you. You may ask to see and copy that record. You may also ask to correct that record. There is an administrative fee of $34.00 for a complete set/copy of all documents regardless of quantity. In addition, all duplication of radiographs, photographs, study models, etc have additional fees if copies are needed.

If you would like to review any of your records or patient charts, we need at least 72 hours to collect all documents as they are in different locations, including storage. We will not disclose your records to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may obtain information or view your record by contacting any privacy officer or Dr. Hopke.

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.

By my signature below, I acknowledge receipt of the Notice of Privacy Practices.

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Patient or legally authorized individual signature Date

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Printed name if signed on behalf of the patient Relationship

 Parent, legal guardian, personal representative)

This form will be retained in your medical record.

Last Update: \_\_/\_\_\_/\_\_\_\_