

HIPPA Privacy Policy

We are required by law to maintain the privacy of your records, and provide individuals with this notice of our legal duties and privacy practices, with respect to protect your health information. If you have any objections to this form, please ask to speak with our HIPPA Compliance Officer in person or by phone.

Signature below is only acknowledgement that you have received this notice of our Privacy Practices.

Printed Name: _____

Signature: _____

Date: _____

Please complete BOTH sides of this form.