Print Form

DAVID G. CARPENTER, D.O.
18652 MCKAY BLVD.
HUMBLE, TEXAS 77338

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

Conduct, plan and direct my treatment and follow-up among the Office of Dr. David G. Carpenter and his employees.
Obtain payment from third-party payers.
Conduct normal healthcare operations such as quality assessments and physician certifications.

I have been given the opportunity to read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that the Office of David G. Carpenter has the right to change it Notice of Privacy Practices from time to time and that I may contact this office at any time at the address above to obtain a current copy of this notice.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or healthcare operation. I also understand this office is not required to agree to my restriction, but if they do agree then they are bound to abide such.

Patient Name:_____

Relationship to Patient:_____

Signature:_____

Date:_____

FOR OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Acknowledgment, but was unable to do so as documented below.

Date:_____Initial_____

Reason_____