
NOTICE OF PRIVACY PRACTICES

**** You may refuse to sign this acknowledgement****

A Notice of Privacy has been made available to me by Dr. Steven B. Lee. The Notice of Privacy describes how my health information may be used or disclosed and my rights under the Health Insurance Portability and Accountability Act (HIPAA).

(Please Print Patient Name)

(Signature of Patient or Patient Representative)

(Date)

I am giving my consent for release of health and or financial information to the following individuals:

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Would you like a copy of our Notice of Privacy? Yes (please initial ____) No (please initial ____)

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communication barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify)
