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**ACKNOWLEDGEMENT OF PRIVACY POLICY**

The Department of Health and Human Services has established a “Privacy Rule” to help insure that personal health care information (PHI) is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients consent for uses and disclosures of health information about the patient to carry out treatment, payment, or health care operations.

As our patient we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment, or other health care operations in order to provide health care that is in your best interest.

 We want you to know that we support your full access to your personal medical records but this must be in writing. Under the law, we have the right to refuse to treat you should you choose to refuse to disclose your personal health information (PHI). If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent or verbal request for releasing your PHI to any person or entity.

You have the right to review our privacy policy, to request restrictions and revoke consent in writing after you have reviewed our privacy policy.

If you have any questions regarding this form, please ask to speak with our HIPAA Compliance Officer.

I herby acknowledge notification of Alabama Sleep and Lung Medicine LLC. privacy policy.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_