



Important Privacy Information

Our Commitment

We understand the importance of safeguarding your Protected Health Information (hereafter referred to as "PHI"). We value your trust and will continue to recognize the importance of holding your PHI as confidential. We will hold our employees to strict standards of conduct to ensure the confidentiality of your PHI. We maintain physical, electronic, and procedural safeguards to comply with state and federal regulations pertaining to PHI.

Notice of Privacy 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 multiple healthcare providers who may be involved in treatment directly and indirectly.

Obtain payment from third-party payers.

Conduct normal healthcare operations such as quality assessments and physician certifications.

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken relying on this consent.

Patients name (printed) _____ Signature _____

Date _____ Relationship to Patient _____

Authorization to Discuss and /or Release My Private Medical Information

I authorize Kidney & Vascular Associates, its physicians' staff to discuss the information contained in my medical record, or copies of my private medical information to the following:

Name _____ Relationship _____

Name _____ Relationship _____

I understand that in the event of my demise, my private medical information will be released to the individual who is named as my power of attorney, personal representative, or by properly executed order from a court:

Name _____ Relationship _____ Date _____

Office Use Only

I attempted to obtain the Patients signature in acknowledgment on this Notice Of Privacy Practices Acknowledgment, but was unable to do so as documented below:

Date _____ Initials _____ Reason _____