

**Federal and State laws establish certain guidelines for health care providers to follow in using or disclosing your protected health information. We intend to comply with all of these guidelines. The following attachment contains a summary of the practices we have implemented in response to the guidelines, followed by a concise statement of your rights relating to your protected health information.**

**Please sign below to acknowledge receipt of the Privacy Policy and have had an opportunity to ask questions. Your signature also provides us with written consent to use and disclose protected health information for treatment, payment and our health care operations.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**