

## **PATIENT INTAKE – PRIVACY PRACTICES & ACKNOWLEDGMENT**

### **NOTICE OF PRIVACY PRACTICES**

**Effective Date: April 2026**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

#### **Our Obligations**

We are required by law to maintain the privacy and security of your protected health information, provide notice of our practices, follow this notice, and notify you in the event of a breach.

#### **How We May Use and Disclose Your Information**

**Treatment:** We may use your information to provide care.

**Payment:** We may use your information to bill insurance or collect payment.

**Healthcare Operations:** We may use your information to run our clinic.

#### **Appointments & Communication**

We may contact you by phone, text, email, or patient portal regarding your care.

#### **Telehealth & Electronic Communication**

We may provide care via telehealth. Electronic communication carries some risk despite safeguards.

#### **Additional Federal Privacy Protections (2026)**

Certain records (such as substance use disorder and reproductive health information) have additional protections under federal law.

#### **Your Rights**

You have the right to access, amend, restrict, and receive copies of your health information, and to be notified of breaches.

### **ACKNOWLEDGMENT OF RECEIPT**

I acknowledge that I have been offered a copy of the Notice of Privacy Practices and understand my rights.

Patient Name (Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Date: \_\_\_\_\_

#### **Clinic Use Only**

Patient declined / unable to sign / other: \_\_\_\_\_