

HIPAA ACKNOWLEDGEMENT FORM

_____ DOB _____

On April 24th, 2003, the “Privacy Act” of the Health Information Portability and Accountability Act (HIPAA) was placed into effect to protect your Personal Health Information (PHI) from being disclosed to unauthorized persons.

The accompanying information:

“NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION (PHI)

Donald P Snyder MD LLC (DBA Donald P Snyder MD / No Stork)” Updated March, 2015

Explains how your PHI may be used or disclosed as well as your rights for access and control of your PHI.

Please sign this form to acknowledge that you have received and read a copy of our privacy policy. If you have any questions regarding the privacy policy, please ask Dr. Snyder or one of his staff members. Thank You

Signature

Date

Reviewed/updated March, 2015