

HIPAA ACKNOWLEDGEMENT FORM

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:
No Stork, LLC Notice of HIPAA Privacy Practices

Updated 12/30/24

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

Print Name: _____

Signature

Date

Reviewed/updated 12/30/24