

HIPPA REQUIREMENTS

The CLINIC:

- a) Is required by federal law to maintain the privacy of your PH1 and to provide you with this Privacy Notice detailing the CNM's legal duties and privacy practices with respect to your PH1.
- b) Under the Privacy Rule, may be required by State Law to grant greater access or maintain greater restrictions on the use or release of your PH1 than that which is provided for under federal law.
- c) Is required to abide by the terms of this Privacy Notice.
- d) Reserves the right to change the terms of this Privacy Notice and to make the new privacy Notice provisions effective for all of your PH1 that it maintains.
- e) Will distribute any revised Privacy Notice to you prior to implementation.
- f) Will not retaliate against you for filing a complaint.

EFFECTIVE DATE

This notice is in effect as of 04/15/03

PATIENT ACKNOWLEDGEMENT

By subscribing my name below, I acknowledge receipt of a copy of this Notice, and my understanding and my agreement to its terms.

Patient

Date: _____

Office use only: CNN HIPPA Requirement Form: FILE: Left side under Patient information tab.