901 W. Judge Perez Drive

Chalmette, LA 70043

T: 504-309-9805 F: 504-309-9809

www.bayouurgentcare.com

PATIENT RECEIPT OF HIPAA PRIVACY NOTICE

Dear Patient,

Bayou Urgent Care is committed to maintaining the integrity of your protected health information and complies with all applicable state and federal regulations.

The federal privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA) have taken effect April 14, 2003. In support of our policy of complying with all applicable regulations, CLINIC provides patients with the HIPAA Notice of Privacy Rights.

While not required in order to receive treatment at Bayou Urgent Care, we are obligated under federal regulations to ask that you sign an acknowledgement of the HIPAA Privacy Notice being made available to you.

Thank you.

Receipt of HIPAA Privacy Notice

I acknowledge receipt of the Notice of Privacy Rights with detailed information about how CLINIC may use and disclose my protected health information. I understand that CLINIC reserves the right to change the privacy notice and that a copy of the revised notice will be made available to me.

Printed Patient Name

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

Signature of Patient or Parent/Guardian

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Office Use Only: To be completed only when a patient declines to sign acknowledgement.

\_\_\_\_\_\_Check here if patient declined to sign acknowledgement

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refusal to sign acknowledgement does not prevent the patient from continuing to be treated.

To be filed in patient’s record