



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Sportsmedicine Fairbanks/Sportsmedicine Fairbanks & Orthopaedics is committed to maintaining the privacy of our client’s Protected Health Information (PHI), while providing high quality service. In accordance with the HIPAA regulations, all patients will receive a full written notice of our client’s privacy practices at their first office visit after April 14, 2003. This notice will explain:

- Your privacy rights regarding your PHI
- Our obligations concerning the use and disclosure of your PHI
 - Sportsmedicine Fairbanks may use and disclose your PHI for treatment, payment and health care operations (TPO) as well as other times in order to provide you with quality service.
 - You have the right to inspect, copy, and amend your PHI. You have the right to request restrictions on the use of your PHI. You have the right to an accounting of the disclosures of our PHI for other than TPO.
 - You have the right to complain about alleged violation to our Practice Privacy Officer and the U.S. Department of Health and Human Services.
 - Sportsmedicine Fairbanks will provide you with a full Notice of Privacy Practices (NPP). Please read it and if you have questions, please contact our Privacy Officer for clarification or assistance.

Indicate any persons authorized to discuss your Protected Health Information with our office or authorized to receive copies of your medical records. Include the person’s name and relationship to yourself. Include a start date and an end date to set restriction for any individual(s).

_____ Date: _____
PATIENT/PARENT-GUARDIAN SIGNATURE

You may revoke this authorization at any time by doing so in writing. Information released to your Personal Appointed Representative prior to a revocation cannot be recalled.

Name	Relationship	Start Date	End Date
_____	_____	___/___/___	___/___/___
_____	_____	___/___/___	___/___/___

If patient is a minor:

MOTHER _____
 Name

FATHER _____
 Name

_____ Date: _____
PATIENT/PARENT-GUARDIAN SIGNATURE

For Sportsmedicine Fairbanks Office Use Only:
Notice of Privacy Practice Policy Given: Date: _____ Initials: _____