

## HIPAA NOTICE OF PRIVACY PRACTICES

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).  
Changes to the Terms of This Notice We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

I understand the above information and agree with its contents

Signature: \_\_\_\_\_

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