ADELANTE HEALTHCARE

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

AA15.PT.FRM

You may refuse to sign this acknowledgement & authorization. By refusing we *may not be allowed* to process your insurance claims.

The Health Insurance Portability and Accountability Act ("HIPAA") requires us to provide you with notice of our privacy practices. The privacy notice includes our policies on reviewing, amending and/or copying your protected health information (PHI).

Our goal is to protect your privacy, and we encourage you to read the notice of our privacy practices.

The undersigned acknowledges review of and was offered a copy of the currently effective Notice of Privacy Practices

Version Number/Date V03 2014-10-15 for this healthcare facility. A copy of this signed and dated document shall be as effective as the original. By signing this Patient Privacy Acknowledgement Form, you acknowledge and authorize, that this health care provider may recommend products or services to promote your improved health. This health care provider may or may not receive third party remuneration from these affiliated entities. We, under current HIPAA Omnibus Rule, provide you this information with your knowledge and consent.

Adelante may contact you about special services, events, fund raising or new health information or services. We may make your information available electronically through an electronic health information exchange ("HIE") to other health care providers and health plans that request your information for their treatment and payment purposes. For more information please ask health center staff about HIE. If you wish to opt out of these communications, please notify the Privacy Officer by mail at 9520 W Palm Lane, Ste. 200, AZ 85037 or email at privacyofficer@adelantehealthcare.com.

Patient Signature _____ Date of Birth _____ Date _____

Please Print Name _____ Parent or Guardian Signature Consent (If under the age of 18 years old) _____

Legal Representative [if applicable] _____ Description of Authority _____

Your comments or special requests regarding Acknowledgements or Consents:

Staff: Scan to patient chart and copy to patient portal