

Family Practice Group, PC
11 Water St, Ste 1-A
Arlington, MA 02487
781-648-9700

**ACKNOWLEDGEMENT OF NOTICE
OF
PRIVACY PRACTICES**

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payors.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I understand I have the right to read the Family Practice Group's (FPG) Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that FPG has the right to change its Notice of Privacy Practices from time to time and that I may contact FPG at any time at the above address to obtain a current copy of the Notice.

I understand that I may request in writing that FPG restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that FPG is not required to agree to my requested restrictions, but if the Practice does agree then it is bound by such restrictions.

Signed by: _____ Date: _____

Print Patient's Name

Patient's Date of Birth

Print Name of Legal Guardian, if applicable

Relationship to Patient