Summary Notice of Privacy Practices

Purpose: This form is used to obtain acknowledgement of receipt of our Summary Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement. A full text version is available in the clinic or at www.mc3.edu

V@i•Å}[ci&^Åå^•&{ià^•&{ià^•&{|ià^•&|6}}~[;{æci[}Åæà[`ch^[`h{æ^hà^h`•^åhæ}åhåi•&|[•^åhæ}åh@[¸h^[`h&æ}h[àcæi}hæ&&^••hc[hc@i•hi}-[;{æci[}ÈhO-h^[`h@æ¢^h``^•

Vtgcvogpv<" Yg" oc{" wug" qt" fkuenqug" {qwt" jgcnvj" kphqtocvkqp" vq" c" rj {ukekcp" qt" qvjgt" jgcnvjectg" rtqxkfgt"rtqxkfkpi "vtgcvogpv"vq" {qw0"

Healthcare Operations: \$\lambda \quad \lambda \lambda

Persons Involved In Care: Y^Á {æ^Á *•^Á [¦Áåå•&|[•^Á@^æ|c@Áå}~[¦ {æci[}Ác[Á} [cá-²ÉÁ [¦Áæ••å•cÁå}Ác@^Á} [cá-å&æci[]Á [-Áçã}&|* áå^}cá-²å}*Á [!Á|[&æci]*DÁæÁ-æ {ā|^Á {^ {à^!ÉÁ^["!Á]^!•[}ædi]}^A[ĭ!Áæ] [c@^!Á]^!•[]Á!^•]]} ***
|[&æci]*EÁ^["!Á*^}^!ælÁ&[}ååai[]ÉÁ[iÁå

#@^æ|c@ÁæjÁi]*E{|ædi[|Ac@ædi]*Afii!A@d|ælææjæjtcÁc[Ác@^Á]^!•[]

Other permitted and required disclosures that may be madely

Ü^``ā!^âÁà^ÁŠæ¸ÁÁ Έ`•^Á[!ÁÞ^*|^&cÁ Þæci[}æ|ÁÙ^&`¦āc^Á Œ]][ā}c{^}cÁÜ^{ā}á^!•ÁÁ Òà`&æci[}æ|ÁW•^

Patient RightsÁ

- ### Y [* A@æç^Ac@^Aia* @cAc[A|[[\AæcA[!A*^cA&[]a^•A[-A^[*!A]æ]^!A[!A^|^&c![}a&A@^æ|c@Aa}-[! { æci[}È
- ∀ [A@æç Ac@ Alā*@cAc [Al^ ^ ^ ecAc@æcA [ā] ~ [| { æcā [} È]
- ¥ Ÿ[`A@æç^Ac@^Alā*@cAc[A-ā|^AæA&[{]|æi}chā-A^[`Aà^|i^ç^A^[`'!A]!āçæ&^Alā*@c•A@æç^Aà^^}Açā[|æc^åAà^A*•È

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I have received a summary copy of this office's Notice of Privacy Practices

						{Print Name}				(Date)						
					{S	ignature	e}Á									
{ ^}cÁ´´´`	Ø[¦Á[~ã&^Á~•^Á[} ^K ´´Uc@^¦ÁÇÚ ^æ•^ÁÙ]^&ã~^D	T } / }à	{ J	à	٨	1	} ā	1 ^	à	à	à	Â	Τ[Ü	ťà	
										Ö^c/	\[]^åÁIÐF€	ЀHÁ				

Ü^cã•^åÁF€ÐIÐFH