

Dr. Catherine A. Bishop
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Moline, IL 61265
309-762-6900

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

- Conduct, plan and direct my treatment and follow-up among multiple healthcare providers who may be involved in that treatment and directly and indirectly.
- Obtain payment from third-party payers and confirm coverage.
- Conduct normal healthcare operations such as quality assessments and physician certifications.
- Confirm appointments using voicemail, postcards or letters.
- Disclose health information to a family member, friend, or caregiver to the extent necessary to help with your healthcare.

I acknowledge that I have read and/or received your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Policies from time to time and I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

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

Patient Name: _____

Signature of Patient: _____
(or Personal Representative)

Date: _____

For Office Use Only

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below.

DATE: _____

INITIALS: _____

- ____ Individual refused to sign
- ____ Communications barriers prohibited obtaining the acknowledgement
- ____ An emergency situation prevented us from obtaining acknowledgement
- ____ Other (Please Specify)