

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

We keep a record of the health care services we provide you. You may ask to see and copy that record at any time. You may also ask to correct that record. We will not disclose your record to other unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting Dr. Vikram Likhari, who is the privacy director in our office.

Our **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you may access your information. The complete document is available in our office at the reception desk. If you wish to see it, please let us know when you come in for your appointment.

By my signature below, I acknowledge receipt of the Notice of Privacy Practices.

Patient or legally authorized individual signature

Date

Printed name if signed on behalf of patient.

Relationship to patient

This form will be retained in your medical record.

Updated: _____