

NEIL FAGEN M.D KENNETH HEPPS M.D MICHAEL MADIEVSKY M.D
18546 ROSCOE BLVD. #300 NORTHRIDGE CA 91324 (818) 341-4796
18370 Burbank Blvd. #211 Tarzana CA 91356

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that under the Health Insurance Portability & Accountability Act of 1996 (“HIPPA“), I have certain right 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 the treatment directly and indirectly.
- ★ Obtain payment from third party payers.
- ★ Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand my *NOTICE OF PRIVACY PRACTICES* containing a more complete description of the uses and disclosures of my health care information. I understand that this organization has the right to change its *NOTICE OF PRIVACY PRACTICES* from time to time and that 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 request restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name _____

Relationship to Patient _____

Signature _____

Date _____

OFFICE USE ONLY

I attempted to obtain the patients signature in acknowledgement on this *NOTICE OF PRIVACY PRACTICES* Acknowledgement, but was unable to do so as documented below:

Date	Initials	Reason
------	----------	--------

--	--	--