

# ACKNOWLEDGEMENT OF PATIENT RECEIVING PRIVACY NOTICE

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I UNDERSTAND THAT AS PART OF MY HEALTHCARE, SPECIALISTS IN PULMONARY, CRITICAL CARE & SLEEP MEDICINE ORIGINATES AND MAINTAINS HEALTH RECORDS DESCRIBING MY HEALTH HISTORY, SYMPTOMS, EXAMINATION AND TEST RESULTS, DIAGNOSES, TREATMENT, AND ANY PLANS FOR FUTURE CARE OR TREATMENT, AND PLANS FOR FUTURE CARE OR TREATMENT I UNDERSTAND THAT THIS INFORMATION SERVES AS:

- A BASIS FOR PLANNING MY CARE AND TREATMENT
- A MEANS OF COMMUNICATION AMONG THE MANY HEALTH PROFESSIONALS WHO CONTRIBUTE TO MY CARE
- A SOURCE OF INFORMATION FOR APPLYING MY DIAGNOSIS AND SERVICE INFORMATION TO MY BILL
- A MEANS BY WHICH A THIRD-PARTY PAYER CAN VERIFY THAT SERVICES BILLED WERE ACTUALLY PROVIDED
- AND A TOOL FOR ROUTINE HEALTHCARE OPERATIONS SUCH AS ASSESSING QUALITY AND REVIEWING THE COMPETENCE OF HEALTHCARE PROFESSIONALS

I understand that today I have been provided with a Privacy Notice that provides a more complete description of how my information is used and disclosed and what are my individual rights.

**A COPY OF THIS PRIVACY NOTICE AND THIS RECEIPT WILL  
BE PLACED IN MY MEDICAL RECORD**

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**SIGNATURE OF PATIENT** \_\_\_\_\_

**PATIENTS DOB:** \_\_\_\_\_

**DATE OF SIGNATURE:** \_\_\_\_\_