



. Notice of Privacy Practices

JPL Family Medicine

Acknowledgement of Jacksons Point of Light Practice Policies

I _____ , acknowledge receipt of the clinic's policies including HIPAA policy. The HIPAA Notice of Privacy Practices describes use and disclosure of my protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law.

It also describes my rights to access and control my protected health information. "Protected health information" is information includes demographic information, that may identify me and that relates to my past, present or future physical or mental health or condition and related health care services.

I have received a copy of this notice from Jacksons Point of Light (JPL) Family Medicine during my visit. I understand that I have the right to complain to JPL Family Medicine or to the Secretary of Health and Human Services if I believe my privacy rights have been violated by the clinic or staff. I may file a complaint with JPL Family Medicine Management by notifying the privacy contact, the Office Manager, of my complaint.

I understand that the clinic or staff will not retaliate against me for filing a complaint.

I hereby acknowledge receipt of JPL Family Medicine's policies and HIPAA Privacy Policy as outlined above.

Signature **Date**

Witness **Date**