

BEHAVIORAL MEDICINE ASSOCIATES LTD.

Fax: 847-383-6976/Tel: 847-383-6224

Privacy Practice Acknowledgement

Dear Patient,

Our Doctors and Staff have always protected the confidentiality of our patient's health information. The federal government has established new regulations called the Health Insurance Portability and Accountability Act (HIPAA) designed to ensure the privacy of your health information.

The new regulations protect health information that is maintained by physicians, hospitals, other health care providers and health plans. The Notice of Privacy Practices provided with this letter explains our new policies. It contains very important information and describes how you can exercise your rights with regard to your protected health information.

To maintain the highest level of patient care and service, we will continue to provide these listed services as well as other services that are necessary to provide that care.

Unless you instruct us to do otherwise, we shall continue:

- Physician/technician/nurse conversation regarding diagnosis and treatment with patients and family in person or on the telephone, in common areas of medical office, hospitals, and surgery centers.
- Telephone requests for prescription refill with you, your family and your pharmacy.
- Appointment or recall reminders via U.S. Mail/Email or Telephone/Text Message.
- Patient education communications via U.S. Mail or Email/Telephone.

To instruct us to discontinue these forms of communication, please notify us in writing.

Please let us know if you have any questions about our Notice of Privacy Practices. You may contact our Privacy office at our locations, or discuss any questions you may have with your physician.

Very truly yours,
Dr. Olga Green/Behavioral Medicine Associates Ltd.

Please sign to acknowledge that you have received Notice of Privacy Practices.

Patient's Name (print): _____

Patient's Signature: _____

Date: _____

Form 1005 (6-1-2012)