

**Acknowledgement of Receipt of
"Notice of Clinical Associates of Tidewater's (CAT) Policies and Practices to Protect the Privacy of
Your Health Information"**

The federal government mandated that as of April 14, 2003 all health care patients are to receive from their providers a notice (hereafter referred to as "Notice") regarding the protection of their private health care information in compliance with the Health Insurance Portability and Accountability Act ("HIPAA") Privacy Rule (45 C.F.R. parts 160 and 164).

This acknowledgement documents that Clinical Associates of Tidewater has given you the "Notice" that is required.

HIPAA covers what is called "protected health information" (PHI) that is used for treatment, payment, and health care operations. PHI is information in your health record that could identify you.

The Notice contains basic information about:

- How your PHI may be used and disclosed for treatment, payment and health care operations (these terms are defined in the Notice),
- Which uses and disclosures require authorization from you and which do not,
- How you may revoke an authorization you have made,
- Certain rights you have to restrict use and disclosure of PHI, to receive confidential communications by alternative means and at alternative locations, to inspect and copy your records, to amend your records, to have an accounting of disclosures,
- A list of your provider's duties to protect the privacy of your PHI, CAT's right to change the privacy policies and practices described in the Notice, and how you will be informed of changes,
- What you can do if you have any complaints about violations of your privacy rights or about decisions about access to your records your provider may make, and
- Any restrictions and limitations you or your provider wishes to put on the use and disclosure of your PHI.

The Privacy Notice is a few pages in length. Generally, this Notice is given on a patient's first visit unless there is good reason to delay. A copy of the Notice is available in our waiting room and will be on our website. You will be provided a copy of this notice for your review. This page documents that you have received a copy of the Notice.

I acknowledge that Clinical Associates of Tidewater has given me a copy of the Privacy Notice (version dated September 23rd, 2013) as required by the federal government's HIPAA legislation.

Patient's Name

Patient's Signature

Date

Parent or Legal Guardian/
Personal Representative

Signature of Parent or Legal Guardian/
Personal Representative

Date