

Region IX Education Cooperative School Based Health Centers

About our Notice to Privacy Practices

We are committed to protecting your personal health information in compliance with the law. The attached notice of Privacy Practice states:

- Our obligation under the law with respect to your personal health information.
- How we may use and disclose the health information that we keep about you.
- Your rights in relation to your personal health information.
- Our rights to change our Notice of Privacy Practices.
- How to file a complaint if you believe our privacy rights have been violated.
- The conditions that apply to uses and disclosures not described in this notice.
- The person to contact for further information about our privacy practices.

We are required by law to give you a copy of this notice and to obtain your written acknowledgement that you have received a copy of this notice.

Patient Acknowledgement of Receipt

I, _____, hereby acknowledge that I have received a copy of the Notice of Privacy Practice.

Patient's Signature

Date

Parent/Legal Guardian Signature (if applicable)

Date

Description of Legal Authority to Act on Behalf of Patient