

JAMES EDWARD GAYDOS DO

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(925) 464-2100

CONTACT JAMES E GAYDOS DO – PRIVACY OFFICER (925) 464-2100

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I hereby acknowledge that I am able to receive an electronic copy of this medical practice's most recent Notice of Privacy Practices by request at Dr Gaydos' Office. It will be available at each and any appointment.

I would like to receive a copy of any amended Notice of Privacy Practices by e-mail at: _____

I understand that under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the information collected by this office can and will be used to:

To Share my Treatment information among the healthcare providers who may be involved in my care, either directly or indirectly.

For Payment for medical services performed at Dr Gaydos' office that my Insurance would consider.

To conduct Healthcare Operations in this office, such as quality assessments.

I understand that I may write to Dr Gaydos office to restrict how my information is used to provide Treatment, Payment or Healthcare Operations information. I also understand that Dr Gaydos is not required to agree with my requested restrictions, but if Dr Gaydos does agree, that his office will be bound to abide by such restrictions.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

_____ Parent or guardian of minor patient

_____ Guardian or conservator of an incompetent patient

