

PREMIER

MEDICAL INTEGRATION

11030 N. Tatum Blvd., Suite 102
Phoenix, AZ 85028
Phone 602-494-3037 Fax 602-996-5274

HIPPA Declaration

The Practice:

- a. Is required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing the Practice's legal duties and privacy practices with respect to your PHI.
- b. Under the Privacy Rule, may be required by State Law to grant greater access or maintain greater restriction on the use or release of your PHI than that which is provided under Federal Law.
- c. Is required to abide by the terms of the Privacy Notice.
- d. Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains.
- e. Will distribute any revised Privacy Notice to you prior to implementation.
- f. Will not retaliate against you for filing a complaint.

EFFECTIVE DATE

This Notice is in effect as of July 26, 2004.

PATIENT ACKNOWLEDGEMENT

By subscribing my name below, I acknowledge receipt of this notice, and my understanding and my agreement to its terms.

Patient Signature

Please Print

Date

FOR PRACTICE USE ONLY

Practice Documentation of Good Faith Effort to Obtain Acknowledgement
Patient's acknowledgement of this notice could no be obtained because:

Patient refused to sign

Communication barrier prohibited obtaining acknowledgment

Emergency circumstances

Other

Detail: _____

Signature of Practice _____

Date _____