

DR. MARNEE SCHNEIDER

PATIENT ACKNOWLEDGMENT FORM

Our Notice of Privacy Practices (“Notice”) provides information about:

- 1) the privacy rights of our patients;**
- 2) how we may use and disclose protected health information (“PHI”) about our patients.**

Federal regulation requires that we give our patients or their authorized representatives (“You”) the opportunity to review our Notice before signing this acknowledgment. A one-page summary of your Notice is displayed in the office. A copy of our Notice will be made available to you and you may also review the HIPAA Privacy Notice in full at the following web site:

<http://cms.hhs.gov/hipaa/hippa1/content/hipaasta.pdf>.

If you have any questions about your rights or our privacy practices please send a letter to:

Dr. Marnee Schneider

Suite 201

398 West Camino Gardens Blvd.

Boca Raton, Fl 33423

A response will be sent within five (5) business days.

By signing this form, you acknowledge only that you have been provided with immediate access to the Notice of Privacy Practices.

Name of Patient _____ Date _____

Name of Representative or Guardian _____