DALTON IMAGING CENTER

PATIENT'S ACKNOWLEDGEMENT OF UNDERSTANDING OF DALTON IMAGING CENTER'S PRIVACY PRACTICES

Patient's Name:_____ DOB: _____ /_____ / _____
Mo Day Year

SSN: _____ Previous Name: _____

I understand that the patient's health information is private and confidential. I understand that Dalton Imaging Center works very hard to protect the patient's privacy and preserve the confidentiality of the patient's personal health information.

I understand that Dalton Imaging Center may use and disclose the patient's personal health information to help provide health care to the patient, to handle billing and payment, and to take care of other health care operations. In general, there will be no other uses and disclosures of this information unless I permit it. I understand that sometimes the law may require the release of this information without my permission. These situations are very unusual. One example would be if a patient threatened to hurt someone.

Dalton Imaging Center has a detailed document called the "Notice of Privacy Practices." It contains more information about the policies and practices protecting the patient's privacy and is attached to this Acknowledgment. I understand that I have the right to read the "Notice" before signing this Acknowledgment.

Dalton Imaging Center may update this Acknowledgment and "Notice of Privacy Practices." If I ask, Dalton Imaging Center will provide me with the most current "Notice of Privacy Practices."

Within this "Notice of Privacy Practices" is contained a complete description of my privacy/confidentiality rights. These rights include, but aren't limited to, access to my medical records; restrictions on certain uses; receiving an accounting of disclosures as required by law; and requesting communication be by specified methods of communications or alternative action.

Dalton Imaging Center has established procedures that help these meet their obligations to patients. These procedures may include other signature requirements, written acknowledgments, and authorizations; reasonable time frames for requesting information; charges for copies and non-routine information needs; etc. I will assist Dalton Imaging Center by following these procedures if I choose to exercise any of my rights described in the "Notice of Privacy Practices."

My signature below indicates that I have been given the chance to review a copy of Dalton Imaging Center's "Notice of Privacy Practices."

Signature: _____ Date: _____ Time: _____

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Relationship to patient if signed by anyone other than the patient (parent, legal guardian, personal representative, etc.).