MARK E. KAPLAN, M.D. ● STACIE A. McMURTRY, M.D. ● SANDRA DENMAN, PA-C

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly. Please list all below to avoid delays.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I have received (if requested) the *Notice of Privacy Practices* (NPP) containing a more complete description of the uses and disclosures of my health information. I understand that the NPP is available on the AAC website (www.allergy-asthmaconsultants.com). I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree, then you are bound to abide by such restrictions.

Patient's Name: ____

Signature: ______________________________ Date: ______________

Print Name: ______________________________
(If not signed by patient) PARENT / GUARDIAN / OTHER

□ OK to leave a detailed message at this phone number? YES / NO (____) _____ - _______.

Print name(s) and relationship(s) of other parties that are allowed access to these records, ***please include any medical providers***:

Name	Relationship	Phone

36100 N. BROOKSIDE DRIVE ● GURNEE, IL 60031 ● 847.855.1570 ● FAX 847.855.1890
1800 HOLLISTER DRIVE ● LIBERTYVILLE, IL 60048 ● 847.549.7711 ● FAX 847.549.1020
WWW.ALLERGY-ASTHMACONSULTANTS.COM