



## HIPPA

### **Our Notice of Privacy Practices:**

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this Notice at any time as allowed by law. If we change this Notice, the new Privacy practices will apply to your health information that we may generate in the future. If we change our Notice of privacy practices, we will post the new copy in our office and have copies available to you in our office.

### **Appointment Reminders:**

We may call or write you of scheduled appointments, or that it is time to make a routine appointment. We may call or write you of other treatments or services available at our office that might help you.

### **Other Uses and Disclosures:**

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form". The content of an "authorization form" is determined by federal law. We may initiate the authorization process if the use or disclosure is our idea, and you may as well initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us properly completed authorization form, or you can use one of ours.

*For additional information, please ask.*

### **ACKNOWLEDGE OF RECEIPT:**

I acknowledge that I understand the copy of Dr. Daniel Langley and Dr. Brian Williams Notice of Privacy Practices:

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be signed by a parent or guardian if patient is a minor)