



308 Victory Road  
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## **Notice of Privacy Practices**

Dear Patient:

It is our desire to communicate to you that we are taking the new Federal (HIPAA- Health protect Insurance Portability and Accountability Act) laws written to protect the confidentiality of your health information seriously.

We will use and communicate your health information only for the purpose of providing your treatment, obtaining payment, and conduction health care operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

### **Patient Acknowledgment**

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

Thank you very much taking time to review how we are carefully using your health information. If you have any questions, we want to hear from you. If not, we would appreciate very much your acknowledging your awareness of our policy by signing and returning this sheet. We look forward to seeing you again soon.

Patient Signature: \_\_\_\_\_

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

**HIPAA**