

J. Michael Herr, DO, LLC
J. Michael Herr, DO
Board Certified in Family Practice and Osteopathic Manipulative Treatment

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PATIENT HIPAA ACKNOWLEDGMENT

I have read the Notice of Privacy Policy (NPP) established in the office of J. Michael Herr, DO, LLC before signing this document. This notice has been made available to me and describes the types of uses and disclosures of my Protected Health Information (PHI) that may occur in my treatment, payment of my bills or in the performance of health care operations of the practice. It also describes my rights and the practice's duties with respect to my PHI.

A copy of the Notice of Privacy Policy is available in the waiting room.

The practice reserves the right to change the privacy practices that are described in the NPP. I may obtain a revised NPP by requesting a copy in person or by calling the office.

Signature of patient or guardian

To be completed if office staff are not able to obtain a signature:

On _____ I attempted to obtain a written acknowledgment of review of the NPP from the above-named person but was unable to because:

Patient declined to sign this form

Other reason _____

Signature of staff member _____