



HIPAA Acknowledgement

We Want You to Know How We Will Protect Your Private Health Information

When you visit Christi Cheng, MD Family Medicine Practice it is very important that you feel safe in telling your doctor personal information that may be required to fully diagnose or treat a problem. As medical professionals, please be assured that our practice has always had strict policies and procedures to protect the confidentiality of the information that you have entrusted to us. However, on April 13, 2003, new regulations became effective under a federal law called the Health Insurance Portability and Accountability Act ("HIPAA"). HIPAA regulations cover physicians and all other health care providers, health insurance companies and their claims processing staff. In general, HIPAA was enacted to establish national standards to:

1. Give patients more control over their health information.
2. Set boundaries for the use and release of health records.
3. Establish safeguards that physicians, health plans and other healthcare providers must have in place to protect the privacy of health information.
4. Hold violators accountable with civil and criminal penalties.
5. Try to balance the need for individual privacy with requirements for public responsibility that requires disclosure to protect public health.

The **HIPAA** rules require that Christi Cheng, MD Family Medicine Practice provide all of our patients with our Notice of Privacy Practices. The notice describes how the medical information we receive from you may be used or disclosed by our practice and your rights related to your access to this information. A copy of this notice is available by request. Please sign below that we have made available a copy of the Notice for you to review. At your request we will gladly provide a personal copy of the Notice to you at any time. If you have any questions about our Privacy Practices please feel free to contact our Office Manager.

Thank you for your cooperation.

I acknowledge that I have received a copy of Christi Cheng, MD Family Medicine Practice Notice of Privacy Practices and have been given an opportunity to ask questions concerning the Privacy Practices of Christi Cheng, MD Family Medicine Practice.

Patient Name: _____
(Please Print)

Signature of Patient or Guardian: _____

Date: _____

If Guardian, explain relationship to patient: _____