



Notice of Privacy Practice

THIS NOTICE DESCRIBES HOW MEDICAL/PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY

Summary:

By law, we are required to provide you with our Notice of Privacy Practices (NPP). This notice describes how your medical information may be used and disclosed by us. It also tells you how you can obtain access to this information.

The Tiffani Kim Institute may use and disclose information for treatment, payment, healthcare operations, or as required by law.

As a patient, you have the right to inspect, copy, and make corrections to your information, to request that your information be restricted and confidential. You also have the right to a report of the disclosures of your information; and a paper copy of this Notice.

We want to assure you that your medical/protected health information is secure with us.

Acknowledgement of Notice of Privacy Practices

I hereby acknowledge that I have received of this office's NOTICE OF PRIVACY PRACTICES. I understand that if I have questions or complaints regarding my privacy rights that I may contact the Tiffani Kim Institute. I further understand that the office will offer me updates to this NOTICE OF PRIVACY PRACTICES should it be amended, modified, or changed in any way

Patient or Representative Name (Please Print)

Patient or Representative Signature

Date

Patient refused to sign

Patient was unable to sign because:
