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Acknowledgement of Review of HIPAA Notice of Privacy Practices
(Health Insurance Portability and Accountability Act)

By law we are required to provide you with our HIPAA Notice of Privacy Practices

In summary your medical information will be used as:

- *A basis for planning your care and treatment
- *A means of communication among healthcare professionals who contribute to your care
- *A source of information for applying diagnosis and surgical information to your bill
- *A means by which a third-party payer can verify that services billed were actually provided
- *A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I have reviewed this office's practices, which explains how my medical information will be used and disclosed. **I understand that I am entitled to receive a complete copy of this document.**

Signature of Patient or Personal Representative Date

Print Name of Patient or Personal Representative

Description of Personal Representative's Authority

I authorize the Practice to release information concerning my medical care to the following family members/individuals:

Name Relationship to Patient

Name Relationship to Patient

Office Staff Witness Date