The Doctors and Staff of Gainesville Neurology Group, L.L.C. Want You to Know How We Will Protect Your Private Health Information

When you visit our office 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 14 April 2003, new regulations became effective under a new federal law called the Health Insurance Portability and Accountability Act ("HIPAA"). These regulations cover physicians and all other healthcare providers, health insurance companies, and their claims processing staff. In general, HIPAA was enacted to establish national standards to:

➢ Give patients more control over their health information;
➢ Set boundaries for the use and release of health records;
➢ Establish safeguards that physicians, health plan providers, and other healthcare providers must have in place to protect the privacy of health information;
➢ Hold violators accountable with civil and criminal penalties;
➢ Try to balance the need for individual privacy with requirements for public responsibility that require disclosures to protect public health.

The HIPAA rules require that our practice provide all of our patients with the attached Notice of Privacy Practices on the first visit after 13 April 2003. 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.

Please sign below acknowledging that we have provided you with a copy of the attached notice for review. You are entitled to a personal copy of the notice at any time to review and keep for your records.

Thank you for your cooperation.

Acknowledgment of receipt of Gainesville Neurology Group, L.L.C.'s Notice of Privacy Practices.

Patient/Legal Guardian: _____
(Please Sign)

_____   _____
Print name of Patient/Guardian or Personal Representative   Date