

Fox Valley Care Clinic

Practice's Requirements regarding
Your Protected Health Information

This office:

- A) Is required by Federal Law to maintain the privacy of your PHI (Protected Health Information) and to provide you with this privacy notice detailing our practice's legal duties and privacy practices with respect to your PHI.
- B) Under the Privacy Rule, this office is may be required by state law to grant greater access or maintain greater restrictions on the use or release of your PHI than that which is provided for under federal law.
- C) Is required to abide by the terms of this Privacy Notice.
- D) Reserves the right to change the terms of this Privacy Notice and to make the Privacy Notice provisions effective for your entire PHI that it maintains.
- E) Will distribute any revised privacy Notice to you prior to implementation.
- F) Will not retaliate against you for filing a complaint.

Effective Date-

This notice is in effect as of 4/15/2003

Patient Acknowledgement-

By subscribing my name below, I am in acknowledgement of this notice and its terms.

Patient Signature: X _____

Date: _____