

**NOTICE OF PRIVACY PRACTICES
HIPAA**

Derrick Skaggs, OD

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new in our office and have copies available in our office.

APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." The content of an "authorization form" is determined by federal law. We may initiate the authorization process if the use or disclosure is our idea, and you may as well initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

For any additional information, please ask.

ACKNOWLEDGE OF RECEIPT

I acknowledge that I read and understand the copy of Dr. Derrick Skaggs Notice of Privacy Practices.

Patient name _____

Signature _____ *Date* _____
(Must be signed by parent or guardian if patient is a minor)

Effective date of notice: 4-14-03