



## Receipt of Notice of Privacy Practices

### NOTICE OF PRIVACY PRACTICES

River Cities Interventional Pain Specialists, as well as the employees and agents of the Practice, will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care.

We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution.

#### My signature below acknowledges:

- I have received a copy of the Notice of Privacy Practices.
- I have been informed of my rights and obligations as a patient.
- My understanding of the information contained herein.

I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf.

Print Patient Name	Date of Birth
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Patient/Guardian Signature	Date
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For Office Use Only		
<i>RCIPS Representative</i>		
Print Name	Signature	Date
<b>Complete this section if you are unable to obtain signature</b>		
We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices however acknowledgment could not be obtained due to:		
<input type="checkbox"/> Individual refused to sign <input type="checkbox"/> Communication barriers prevented obtaining acknowledgement		
<input type="checkbox"/> An emergency situation prevented us from obtaining acknowledgement		
<input type="checkbox"/> Other:		