



# Sunshine Community Health Center

HC 89 Box 8190, Mile 4.4 Talkeetna Spur Rd, Talkeetna, AK 99676  
Willow Clinic: PO Box 1049, 24091 Long Lake Road, Willow, AK 99688  
Telephone: 907-733-2273 Fax: 907-733-1735 E-Mail: [SCHC@sunshineclinic.org](mailto:SCHC@sunshineclinic.org)

## **Notice of Privacy Practices Acknowledgement**

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I understand that by signing this consent, I am acknowledging and have been informed of, as well as given the right to review and secure a copy of, Sunshine Community Health Center's (SCHC) Notice of Privacy Practices. The notice contains a more complete description of the uses and disclosures of my protected health information and my rights under HIPAA.

I understand that SCHC may use and disclose my protected health information to carry out:

- Treatment (this includes all providers and other health care offices involved in my treatment plan);
- Obtaining payment from third party payers (e.g. my insurance company);
- The day-to-day healthcare operations of SCHC.

I understand that SCHC reserves the right to change the terms of this notice from time to time and that I may contact SCHC at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment and health care operations, but that SCHC is not required to agree to these requested restrictions. However if SCHC does agree, then they are bound to comply with the restriction.

I understand that I may revoke this consent, in writing at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

Why do I have to sign a form?

The law requires your health care provider to ask you to state in writing that you received the Notice of Privacy Practices.

- The law does not require you to sign this "acknowledgement of receipt of the notice."
- Signing does not mean that you have agreed to any special uses or disclosures (sharing) of your health records.
- Refusing to sign the acknowledgement does not prevent a provider or plan from using or disclosing health information as HIPAA permits.
- If you refuse to sign the acknowledgement, the provider must keep a record of this fact.

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_