

ORANGE COUNTY VASCULAR SPECIALISTS, INC.

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PATIENT ACKNOWLEDGEMENT FORM OF OUR PRIVACY PRACTICES AND HEALTH INFORMATION EXCHANGE

We understand that medical information about you and your health is personal. As the custodians of the information in your medical record, we are committed to protecting the privacy of your information as required by law, professional accreditation standards and our internal policies and procedures.

You are being offered a personal copy of our Notice of Privacy Practices. This Notice explains your rights, our legal duties and our privacy practices. It also describes how medical information about you may be used and disclosed as well as how you can get access to this information. Please ask for a copy of this Notice if you would like to review it or to keep a paper copy for you personally.

For your convenience the following is a summary of the information discussed in the Notice:

- Our pledge
- Your personal information
- Our privacy practices
- Your written permission
- Other restrictions
- Your rights
- Changes

How we may use or share your information for:

- Treatment
- Payment
- Health Care Operations
- Notifications
- Marketing
- Research
- Special Circumstances and the Law

Please understand that this summary is *not* our Notice of Privacy Practices, nor is it a substitute.

We ask that you sign and return this form to us for our records. **Your signature only acknowledges that we have offered to you a personal paper copy** of our Notice of Privacy Practices as required by law. The law also requires us to document the fact that we have distributed or attempted to distribute the Notice and that we collect and retain this signed acknowledgement.

I hereby acknowledge: **accepting a personal paper copy** OR **declining a personal paper copy** of the Notice of Privacy Practices.

Health Information Exchange

This practice is participating in the Hoag Health Information Exchange (HIE), an electronic system through which it and other participating healthcare providers can share patient information according to nationally recognized standards and in compliance with federal and state law, that protects your privacy. Through the HIE, your participating providers will be able to access information about you that is necessary for your treatment, unless you choose to have your information withheld from the HIE by personally opting out from participation.

If you choose to opt out of the HIE (that is, if you feel that your medical information should ***not*** be shared through the HIE), we will continue to use your medical information in accordance with this Notice of Privacy Practices and the law, but will not make it available to others through the HIE.

To opt out of the HIE, please contact the Hoag Director of Health Information Exchange in writing at One Hoag Drive, Newport Beach, CA 92663, or by telephone at (949) 764-8722.

Signature

Date

Printed Name