

Mercy College
Speech and Hearing Center

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

Acknowledgement Form

The privacy of your medical information is important to us. You may be aware that the US Congress enacted a privacy rule (HIPAA) governing protected health information (PHI). The Mercy College Speech and Hearing Center's Notice of Privacy Practices provides information about how the Center personnel may use and disclose PHI about me. It also provides information on my rights regarding PHI obtained by or for the Center. This Notice is available to me upon request.

As provided in the Notice, the Center reserves the right to revise its Notice of Privacy Practice. I understand that I can obtain a revised copy by making a request.

By signing this form, I acknowledge that I have read the foregoing statement and am allowing the Mercy College Speech and Hearing Center to use and disclose my PHI for treatment, payment, and healthcare operations (TPHO). I have had the opportunity to review the Notice.

Print Client Name

Client or Legal Guardian Signature

Date

Witness Signature

Date