



Charles A. Amenta III, MD
Homewood **ENT** & Hearing Center
Ear, Nose, & Throat Care. Hearing Aids & Tests.

Notice of Privacy Practices Acknowledgement

The full notice is available upon request at the front desk.

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPPA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to: Conduct, plan and direct my treatment and follow-up among the multiple health care providers who may be involved in that treatment directly and indirectly.

I understand that I may get the complete Notice of Information Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Information Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Information Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree, then you are bound to abide by such restrictions.

Patient Name: _____

Signature: _____

Relationship to Patient: _____

Date: _____