



## NOTICE OF PRIVACY PRACTICES PATIENT ACKNOWLEDGEMENT

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I have received the Notice of Privacy Practices from **Sunny Days Therapeutics** (herein referred to as "the practice") written in plain language. The Notice provides in detail the uses and disclosures of my protected health information that may be made by the practice, my individual rights and the practice's legal duties with respect to my protected health information. The Notice includes:

- A statement that the practice is required by law to maintain the privacy of protected health information.
- A statement that the practice is required to abide by the terms of the notice currently in effect.
- Types of uses and disclosures that the practice is permitted to make for each of the following purposes: treatment, payment, and health care operations.
- A description of each of the other purposes for which the practice is permitted or required to use or disclose protected health information without my written consent or authorization.
- A description of other uses and disclosures that will be made only with my written authorization and that I may revoke such authorization.
- My individual rights with respect to protected health information and a brief description of how I may exercise these rights in relation to:
  - The right to complain to the practice and to the Secretary of HHS if I believe my privacy rights have been violated, and that no retaliatory actions will be used against me in the event of such a complaint.
  - The right to request restrictions on certain uses and disclosures of my protected health information, and that the practice is not required to agree to a requested restriction.
  - The right to receive confidential communications of protected health information.
  - The right to inspect and copy protected health information.
  - The right to amend protected health information.
  - The right to receive an accounting of disclosures of protected health information.
  - The right to obtain a paper copy of the Notice of Privacy Practices from the practice upon request.

**Sunny Days Therapeutics** reserves the right to change the terms of its Notice of Privacy Practices and to make new provisions effective for all protected health information that it maintains. I understand that I can obtain a copy of the current Notice of Privacy Practices on request.

I would like to allow to release of of private mental health information, including scheduling, diagnoses, and any other information to the following people:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_