

Dr. Abraham Betre D.O.

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Notice of Privacy Acknowledgement

With my consent, Dr. Abraham Betre may use and disclose protected health information (PHI) about me to carry out treatment, payment, and Healthcare operations (TPO.) I also understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), 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 healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I have reviewed your Notice and Privacy Practices which contains a more complete description of the uses and disclosure of my health information prior to signing to consent. Also, that Dr. Abraham Betre reserves the right to revise his Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained at any time by forwarding a written request to Dr. Abraham Betre's Privacy Officer at 880 E Merritt Ave Suite 101 Tulare Ca. 93274.

With my consent, Dr. Abraham Betre and staff may email, call, or send through the mail any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked personal or confidential.

I understand that I have the right to request that Dr. Abraham Betre restrict how he uses or discloses my PHI to carry out my TPO. Though, I also understand that the practice is not required to agree to my requested restrictions, but if it does agree then it is bound to abide by this agreement.

PATIENT NAME: _____

RELATIONSHIP TO PATIENT : _____

SIGNATURE: _____

DATE: _____