

Southwest Community Health Center, Inc.

Notice of Privacy Practices

We are committed to protecting your personal health information in compliance with the law. The attached Notice of Privacy Practices states;

- Our obligations under the law with respect to your personal health information
- How we may use and disclose the health information that we keep about you
- Your rights relating to your personal health information
- Our rights to change our Notice of Privacy Practices
- How to file a complaint if you believe your privacy rights have been violated
- The conditions that apply to uses and disclosures not described in this Notice
- The person to contact for further information about our privacy practices

We are required by law to give you a copy of the Notice and to obtain your written acknowledgement that you have received a copy of this Notice.

Patient Acknowledgement of Receipt

I, _____ hereby acknowledge that I have received a copy of Southwest's Notice of Privacy Practices.

Patient Signature

Date

Signature of Patient's Representative (if applicable)

Date

Description of legal authority to act on behalf of patient