

Community Health Center of Fort Dodge

About Our 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 is our security officer.

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

Patient Acknowledgement of Receipt

I authorize CHCFD to leave a detailed message on my phone. Yes No

I authorize CHCFD to release my information to _____
(ex. Spouse, Family member) Person(s) Name Phone

Patient Name ____/____/____
Date of Birth

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices.

Patient's Signature Date

Signature of Parent or Patient's Representative Date

Description of Legal Authority to Act on Behalf of Patient