

**TWIN LAKES MEDICAL ASSOCIATES, PC
HIPAA-ACKNOWLEDGMENT AND CONSENT FORM**

Effective April 2003, the new federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that this office comply with certain rules regarding the maintenance of the privacy of your information that we have collected and will collect in the future.

To comply with HIPAA requirements, we are giving you a copy of our Notice of Privacy Practices. This Notice of Privacy Practices contains the information that HIPAA requires us to disclose regarding our privacy practices.

I acknowledge that I have today received a copy of this office's Notice of Privacy practices

Please print name of person signing

Signature

Date

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

I consent to your disclosures of information, which you deem necessary in connection with the treatment for the patient listed above.

Please print name of person signing

Signature

Date

QUESTIONS AND COMPLAINTS

If you require more information about our privacy practices or have questions or concerns, please contact us. Our contact officer is Nicole Dupras. Our office phone is 248-451-0668. Our fax is 248-451-0672. Our address is 43700 Woodward Ave. Suite 206, Bloomfield Hills, MI 48302

If you are concerned that we may have violated your privacy rights, you may complain to us using the contacts information listed in the Notice. You may submit a written complaint to the U.S. Department of Health and Human Services. If needed, the address will be provided to you upon request.

Your right to the privacy of your health information is important to us. We will support your right if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.