

## NOTICE OF PRIVACY PRACTICES

### IDENTITY THEFT PREVENTION/DETECTION & RED FLAG COMPLIANCE ACKNOWLEDGMENT

I understand that, under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and Fair & Accurate Credit Transactions Act of 2003 (FACTA), also known as Red Flag Rules, I have certain rights to privacy regarding my protected health information and identity.

I acknowledge I have received the Protecting Your Health Information and Identity brochure and been provided an opportunity to review Iowa Audiology & Hearing Aid Centers **Notice of Privacy Practices Identity Theft Prevention/Detection and Red Flag Rule Compliance** containing a more complete description of the uses and disclosures of my health information. I further acknowledge that a copy of the current notice will be posted in the reception area and on the website ([www.iowaaudiology.com](http://www.iowaaudiology.com)) and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

- This Notice informs me how Iowa Audiology & Hearing Aid Centers will use my health information for the purposes of my treatment and/or payment for my treatment.
- This Notice explains in more detail how Iowa Audiology & Hearing Aid Centers may use and share my health information for other than treatment, payment, and health care operations.
- Iowa Audiology & Hearing Aid Centers will also use and share my health information as required/permitted by law.

You may request that Iowa Audiology & Hearing Aid Centers restrict how your personal health information and identity is used to carry out treatment, payment or health care operations. Iowa Audiology & Hearing Aid Centers is not required to agree to your restrictions, but if Iowa Audiology & Hearing Aid Centers does agree, then Iowa Audiology & Hearing Aid Centers is bound to abide by such restrictions.

Patient Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

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

### OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgment of this **Notice of Privacy Practices Identity Theft Prevention/Detection and Red Flag Rule Compliance Acknowledgement** but was unable to do so, as documented below:

Date:	Initials:	Reason:
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