ALPINE
EAR, NOSE & THROAT, P.C.

Acknowledgment Receipt: HIPAA Notice of Privacy Practice

In signing this form, you agree that you have received our Notice of Privacy Practices. This Notice, among other points, explains how we plan to use and disclose your protected health information for the purposes of treatment, payment and health care operations. This applies to the privacy practices of Alpine Ear Nose & Throat PC and all affiliated covered entities of Alpine Ear Nose & Throat PC issuing this Notice. You have the right to review our Notice of Privacy Practices prior to signing this form. It provides more detail on how we may use and disclose your information. The Notice of Privacy Practices may change. A current copay may be requested by anyone in our check in areas, by mail and by clicking the link "Patient Privacy" on the bottom of our internet home page.

By signing this form, you acknowledge, you have received our Notice of Privacy Practices and the Alpine Ear Nose & Throat PC and all affiliated covered entities can use and disclose your protected health information in accordance with HIPAA.

Name of Patient (please print)	Date
Signature of Patient or Patient Representative	Relationship of Representative

The following family members or representatives have my authorization to obtain or relay medical information with Alpine Ear Nose & Throat PC.

Name (please print)	Relationship	Phone Number
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