



## HIPPA Notice of Privacy Practices Notification

I understand that Ohio Sleep Medicine Institute is legally permitted to use and disclose my protected health information (“PHI”) for the purposes of treatment, payment and health care operations without my consent. Ohio Sleep Medicine Institute’s HIPAA Notice of Privacy Practices (“HIPAA Privacy Notice”) provides more detailed information about how Ohio Sleep Medicine Institute uses and discloses PHI. The HIPAA Privacy Notice is available on Ohio Sleep Medicine Institute’s website. You have the legal right to a copy of our current HIPAA Privacy Notice before you sign this form or at any other time that you request one. Please "check" the response below that is applicable to you:

I have requested and received a copy of the HIPAA Privacy Notice today.  
 I do not want a copy of the HIPAA Privacy Notice today.

Patient’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

