

**VISITING NURSE ASSOCIATION HEALTH GROUP
NOTICE OF PRIVACY PRACTICES**

Effective Date of This Notice: February 16, 2026

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO
THIS INFORMATION.***

PLEASE REVIEW THIS NOTICE CAREFULLY

1. THE PURPOSE OF THIS NOTICE

A. This Notice applies to Visiting Nurse Association of Central Jersey Community Health Centers, Inc. including all of its locations and clinics, (collectively referred to as “we,” “us” or “VNAHG CHC”), which are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information (your “PHI”). We are also required by law to advise you of any breach of the privacy or security of your PHI that is not encrypted.

B. PHI means any information that is created or received by VNAHG CHC , including demographic information (name, address, birth date, etc.) that relates to (1) your past, present, or future physical or mental health condition; (2) the provision of your health care; or (3) the past, present, or future payment for the provision of your health care , that can either directly identify you or for which there is a reasonable basis to believe could be used to identify you.

C. We are required to follow the policies and requirements set forth in this notice. This notice is effective as of February 16, 2026.

D. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain at that time, including any PHI created or received prior to the issuance of this notice. We will post the revised notice on our website and at such locations where we have offices from time to time, including, but not limited to, each of the locations identified on the Schedule of Locations attached to this notice.

E. Upon your request, we will provide you with the revised notice. You may send a written request for a revised notice to the name and address at the end of this document. You may also view the revised notice on our website at www.vnahg.org.

F. This notice applies to all records containing your PHI generated by VNAHG CHC.

G. Special Protections for Substance Use Disorder (SUD) Records (42 CFR Part 2)

Some of your health information may be related to substance use disorder (SUD) diagnosis, treatment, or referral for treatment. These records are protected by federal law (42 CFR Part 2) and have stricter privacy requirements than other health information.

We will not use or disclose your SUD treatment records except as permitted by Part 2 or as authorized by you in writing. With your written consent, we may use and disclose your SUD records for treatment,

payment, and health care operations along with the other portions of your medical record under a single consent. If we disclose your SUD records under your consent to a HIPAA-covered entity, that entity may further use or disclose those records consistent with HIPAA, except that SUD records (and testimony about their content) will not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you without your written consent or a court order that meets Part 2 requirements and is accompanied by a subpoena or similar legal mandate.

We will not use or disclose SUD counseling notes without your written authorization. We may disclose SUD records to public health authorities only if the information has been de-identified as required by law.

You have additional rights regarding your SUD records, including the right to request an accounting of disclosures made with your consent for the past three years and the right to request restrictions on certain disclosures of SUD information.

If a breach involves your SUD information, we will notify you as required by federal law. You may request an accounting of disclosures of your SUD information made with your written consent for the preceding three years, and you may request restrictions on certain disclosures of your SUD information. You may also file a complaint with the federal agency responsible for enforcing 42 CFR Part 2 if you believe your privacy rights related to SUD information have been violated.

2. VNAHG CHC'S USE AND DISCLOSURES OF YOUR PHI.

A. Uses and Disclosures of Your PHI That Do Not Require Your Prior, Written Consent. We are permitted to use and/or disclose your PHI without your prior, written authorization for a number of purposes, including those listed below. **The following list does not identify all purposes for which we can use or disclose your PHI without your prior, written consent.** The list is meant to let you know the types of uses and/or disclosures of your PHI that we are permitted to make.

IF WE USE OR DISCLOSE YOUR PHI, WE WILL FOLLOW THE APPLICABLE PROVISIONS OF THE HIPAA PRIVACY RULE AND SECURITY RULE, INCLUDING ANY LIMITATIONS THOSE RULES PLACE ON OUR USE OR DISCLOSURE OF YOUR PHI.

Treatment - We may use and/or disclose your PHI to provide you with health care, to manage, and/or coordinate your health care and to provide you with any related services, such as consultations with, or referrals to, other health care providers regarding your health care. For example, the information in your medical record may be discussed with other health care providers, such as your personal doctor, or nurses, therapists or specialists who are involved in your health, to determine the appropriate steps in your medical treatment.

In addition, we may disclose your PHI to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your personal doctor, becomes

involved in your care by providing assistance to your personal doctor with your diagnosis or treatment.

For SUD records protected by 42 CFR Part 2, we will not use or disclose these records for treatment without your written consent unless permitted by Part 2.

Payment - We may use and/or disclose your PHI purposes of obtaining payment for your health services, including, but not limited to, billing, claims management, and efforts to obtain premiums or reimbursement. For example, a bill, which may include PHI, such as the medical procedures performed, may be sent to your insurance company in order to obtain reimbursement.

For SUD records protected by 42 CFR Part 2, we will not use or disclose these records for payment activities without your written consent unless permitted by Part 2.

Healthcare Operations - We may use and/or disclose your PHI for our “healthcare operations,” which means our daily business practices including, but not limited to, quality assessment and improvement, business planning, customer services, and reviewing the qualifications and competence of staff. For example, we may conduct quality improvement assessments and use the information in your medical record to advance the effectiveness and quality of the healthcare services we provide by analyzing the care in your case.

For SUD records protected by 42 CFR Part 2, we will not use or disclose these records for our health care operations without your written consent unless permitted by Part 2.

Contact Purposes - We may use your PHI to in order to contact you for the following purposes: (1) appointment reminders; and, as long as we are not being paid by a third party for doing so, (2) information regarding treatment alternatives or other health related benefits that may be of interest to you.

Required Disclosures in Investigations - We **must** disclose your PHI to the Secretary of the Department of Health and Human Services in connection with an investigation into or a determination by the Secretary of our compliance with federal privacy regulations.

Business Associates - We may disclose your PHI to its “business associates,” such as billing services, attorneys, and computer/technology specialists, in order for these entities to assist us in our business activities. Whenever an arrangement between us and a business associate provides for the business associate’s use or disclosure of your PHI, we will have a written contract with the business associate requiring the business associate to, among other things, (i) protect the privacy and security of your PHI and (ii) require any subcontractor of the business associate that will create, receive or use your PHI to similarly protect the privacy and security of your PHI.

Fundraising - We may use, or disclose to a business associate, certain demographic information about you (such as name, address, other contact information, age, gender and

insurance status) and treatment information about you, including SUD information, such as dates of service, department of service, treating physician, outcome information, to contact you for our fundraising purposes **for VNAHG CHC**. For example, we may send you a solicitation for donations or an invitation to participate in a fundraising event via email or ordinary mail. **Please note that you have the right to opt out of such fundraising communications.**

Health Information Exchange (HIE). VNAHG CHC and other health care providers participate with state- based health information exchanges. This allows PHI to be shared electronically through a secured connected network. The HIE gives your health care providers who participate in the HIE network to whom you have authorized such access immediate electronic access to your applicable PHI for treatment, payment and certain health care operations. **If you do not wish to make your PHI available to your health care providers through the HIE, you may opt out.** If you do not opt out, your information will be available through the HIE network to your authorized participating providers in accordance with this Notice and the law. If you do opt out of the HIE, your PHI will continue to be used in accordance with this Notice and the law but will not be made electronically available through the HIE. We will not share SUD records protected by 42 CFR Part 2 through any health information exchange unless you have provided a valid written consent under Part 2 or the information has been de-identified in accordance with HIPAA.

De-identified Information - We may use your PHI to create information that is “de-identified” and cannot be traced to you.

Personal Representatives - We may disclose your PHI to someone who has the legal authority to act on your behalf as your personal representative.

Required by Law - We may use or disclose your PHI if that use or disclosure is required by law and if such use or disclosure complies with and is limited to the relevant requirements of the law, such as the reporting of certain types of wounds or other physical injuries.

Public Health Authority - We may disclose your PHI to a public health authority that is authorized by law to collect or receive such information for the purposes of controlling disease, injury, or disability, such as reporting disease or births/deaths. We may also disclose your PHI, at the direction of a public health authority, to a foreign government agency that is collaborating with the public health authority.

Victims of Abuse, Neglect, or Domestic Violence - We may disclose your PHI to a proper government authority, in a way that complies with applicable federal or state law, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

Food and Drug Administration (“FDA”) - We may disclose your PHI to an authorized person with respect to a product or activity regulated by the FDA for the purposes of monitoring quality, safety or effectiveness.

Communicable Disease - We may disclose your PHI to a person who may have been exposed to a communicable or contagious disease or may otherwise be at risk of

contracting or spreading that disease or condition;

Employers - We may disclose your PHI to your employer for purposes of an evaluation relating to medical surveillance of the workplace or an evaluation of work-related illnesses and injuries.

Health Oversight Activities - We may disclose your PHI to a health oversight agency that is authorized by law to conduct necessary oversight activities regarding the health care system, government benefit programs, and compliance with government regulatory programs and civil rights laws.

Judicial and Administrative Proceedings - We may disclose your PHI as required by a court Order or in response to a subpoena, discovery request, or other lawful process. When doing so we will disclose your PHI only if the court order, subpoena, discovery request or other lawful process meets the requirements of the HIPAA Privacy Rule, and we will disclose only what is minimally necessary to comply with the court order, subpoena, discovery request or other lawful process. SUD records protected by 42 CFR Part 2 will not be disclosed in response to a subpoena, court order, warrant, or other legal process unless you provide written consent or the court order meets specific Part 2 criteria and is accompanied by a subpoena or other required legal mandate, and we will disclose only the information authorized by that order.

Law Enforcement - we may disclose your PHI to a law enforcement official for law enforcement purposes including the following: (1) in compliance with a court order or warrant, subpoena, summons, administrative subpoena or other similar administrative request; (2) to report limited information for identification and location purposes; (3) in response to a law enforcement official's request for information about an individual who is, or is suspected to be, a victim of a crime; (4) to alert law enforcement regarding the death of an individual if we have a suspicion that the death resulted from criminal conduct; (5) to make a report if we believe that criminal conduct has occurred on its premises; (6) to report crime in emergency situations. We will not disclose any SUD records protected by 42 CFR Part 2 to law enforcement without your written consent or a court order that meets Part 2 requirements.

Coroners, Medical Examiners, and Funeral Directors - We may disclose your PHI to a (1) coroner or medical examiner for purposes including the identifying of a deceased person or determining a cause of death; or (2) to funeral directors as necessary in order for them to carry out their duties with respect to a decedent.

Organ Donation - We may disclose your PHI to organ procurement organizations or other related entities in order to facilitate organ, eye or tissue donation and transplantation.

Serious Threat to Health/Safety - We may disclose your PHI, if we believe that a use and/or disclosure is necessary (1) to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or (2) for law enforcement authorities to identify or apprehend an individual.

Specialized Government Functions - We may disclose your PHI (1) if you are

Armed Forces or foreign military personnel, (a) for activities deemed necessary by appropriate military command authorities if certain conditions are met, and (b) upon your separation or discharge from the Armed Forces to the Department of Veteran's Affairs for your eligibility for benefits; (2) for national security and intelligence activities, or to authorized federal officials for the provision of protective services to the President and other authorized persons.

Correctional Institutions - We may disclose an inmate's PHI to a correctional institution or a law enforcement official.

Workers' Compensation - We may disclose your PHI to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

Research - We may disclose your PHI for research purposes, as long as such disclosure meets the requirements under the HIPAA Privacy Rule governing disclosures for research. For SUD records protected by 42 CFR Part 2, we will disclose only as permitted by Part 2 (for example, if the information has been de-identified to HIPAA standards or another Part 2-compliant pathway applies).

Opting Out of Disclosure - You may opt out of receiving VNAHG CHC fundraising communication by calling the Foundations Department at 732- 224-6780 or by emailing us at foundation@vnahg.org. You may opt out of the Health Information Exchange for your state as noted below:

New Jersey: Jersey Health Connect – Opt out of Health Information Exchange by calling 855-624-6542 or visit www.jerseyhealthconnect.org and follow the instructions on the Jersey Health Connect Patient Opt-Out page.

B.

Uses and Disclosures of Your PHI That Require Us to Provide You with the Opportunity to Object. We may make the following uses and/or disclosures of your PHI without your written authorization. However, you are entitled to an opportunity to agree to or prohibit or restrict the use and/or disclosure before it is performed, unless there are extenuating circumstances, such as in the event of an emergency or your incapacity. In those cases we may use our professional judgment to determine whether use and/or disclosure is in your best interest. In those cases, only PHI that is relevant to your health care will be disclosed. Note that the following examples are not a complete list of examples, but are meant to put you on notice with respect to the types of uses and/or disclosures of your PHI that we are permitted to make.

Involved Person(s) - We may disclose your PHI to a family member, other relative, close personal friend, or any other person identified by you, provided that such information is directly relevant to the person's involvement with your care or the payment for your health care.

Notification - We may disclose your PHI for disaster relief efforts or for the purpose

of notifying a family member, personal representative, or other person responsible for your care, of your location, general condition, or death.

WE WILL NOT MAKE ANY OTHER USES OR DISCLOSURES OF YOUR PHI WITHOUT OBTAINING YOUR PRIOR, WRITTEN AUTHORIZATION

C. Uses or Disclosures of Your PHI Requiring Your Prior, Written Authorization. In certain cases we can and will use and disclose your PHI information ONLY if we obtain your prior, written authorization. If you provide us with such authorization, you may revoke the authorization at any time by submitting a written revocation to the name and address at the end of this document. Such revocation, however, will not apply to our actions taken in reliance on the authorization, before the revocation of authorization was received. *In cases where we are required to obtain your prior authorization for the use or disclosure of your PHI, we will not condition treatment on your failing to provide us with such an authorization.*

The following are examples of uses and disclosures of your PHI for which your prior, written authorization may be required. The list is not a complete list of cases requiring your prior, written consent.

Marketing: As a general rule, we must obtain your written authorization prior to using your PHI to send you any marketing materials. If we request your authorization to use your PHI to send you any marketing materials and will be paid by a third party for sending you those materials, we will advise you in any such request that we are being paid by a third party for sending you those materials.

There are four exceptions to the rule requiring us to obtain your prior, written approval before using your PHI to send marketing materials to you.

1. We can provide you with marketing materials in a face-to-face encounter.
2. We can give you a promotional gift of nominal value, like a pen or a notepad.
3. As long as we are not being paid or otherwise compensated by a third party for making those communications, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings.
4. We may provide you with refill reminders for medications currently being prescribed for you as any payment or other compensation we receive for providing the reminders is reasonably related to the cost of providing them.

HIV/AIDS Related Information. We may not use or disclose HIV/ADS related information unless you provide us with written authorization to do so. However, there are

certain purposes for which we may disclose your HIV/AIDS related information without obtaining your authorization: (1) your diagnosis and treatment; (2) scientific research; (3) management audits, financial audits or program evaluation; (4) medical education; (5) disease prevention and control when permitted by the New Jersey Department of Health; (6) to comply with a certain type of court order; and (7) when required by law, to the Department of Health or another governmental entity. You also should note that we may disclose your HIV/AIDS related PHI to third party payors (such as your insurance company or HMO) in order to receive payment for the services we provide to you.

Genetic Information. Except in certain cases (such as a paternity test for a court proceeding, anonymous research, newborn screening requirements, or pursuant to a court order), we must obtain your express written consent prior to obtaining or retaining your genetic information (for example, your DNA sample), or using or disclosing your genetic information for treatment, payment or health care operations purposes. We may use or disclose your genetic information for any other reason only when your authorization expressly refers to your genetic information or when disclosure is permitted under New Jersey State law (including, for example, when disclosure is necessary for the purposes of a criminal investigation, to determine paternity, newborn screening, identifying your body or as otherwise authorized by a court order).

Venereal Disease Information. We must obtain your specific written consent prior to using or disclosing any information that identifies you as having or being suspected of having a venereal disease. However, there are certain purposes for which we may disclose your venereal disease information, without obtaining your authorization, including to a prosecuting officer or the court if you are being prosecuted under New Jersey law, to the Department of Health, or to your physician or a health authority, such as the local board of health. Your physician or a health authority may further disclose your venereal disease information if he/she/it deems it necessary in order to protect the health or welfare of you, your family or the public. Under New Jersey law, we may also grant access to your venereal disease information upon the request of a person (or his/her insurance carrier) against whom you have commenced a lawsuit for compensation or damages for your personal injuries.

Tuberculosis Information. We may not use or disclose any information identifying you as having tuberculosis or refusing/failing to submit to a tuberculosis test if you are suspected of having tuberculosis or are in close contact to a person with tuberculosis without your express, prior, written approval. However, there are certain purposes for which we may disclose your tuberculosis information, without obtaining your authorization, including for research purposes under certain conditions, pursuant to a valid court order, or when the Commissioner of the Department of Health (or his/her designee) determines that such disclosure is necessary to enforce public health laws or to protect the life or health of a named person.

Psychotherapy Notes. We must obtain your written authorization prior to the use or disclosure of psychotherapy notes concerning you.

Sale of PHI. We must obtain your written authorization to the sale of your PHI.

However, we do not anticipate selling PHI.

3. YOUR RIGHTS WITH RESPECT TO YOUR PHI

You have the following your rights with respect to your PHI:

- ▶ *Right to Request Restrictions.* You have the right to request restrictions on certain uses and disclosures of your PHI. The request must describe the specific restriction requested and identify the person or persons to whom the restriction is to apply. **We must comply with your request to restrict disclosure of your PHI to a health plan if (i) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (ii) the PHI pertains solely to a health care item or service for which you have paid us in full.** Otherwise, we are not required to agree to a requested restriction, but if we do agree, we are bound to such a restriction unless there are emergent circumstances. In the event you have provided us with inconsistent directions concerning restrictions on the use or disclosure of your PHI, we will attempt to abide by the most recent directions you have provided. You may request restrictions on certain uses and disclosures of your SUD records.
- ▶ *Right to Request Confidential Communications.* You have the right to request to have your medical matters discussed with you by alternative means or at alternative locations. **We will not ask you to explain why you are making the request.** We will accommodate all reasonable requests.
- ▶ *Right to Inspect/Copy.* You have the right to inspect and copy your PHI contained your medical and billing records. If we maintain the requested PHI in electronic format and you request an electronic copy of your PHI, we will provide you a copy in the format you requested if it is readily producible in that format. We will forward the copy of your PHI either to you or, at your request, to another person identified by you. **We may charge reasonable costs for producing hard copies of your medical records.**

You may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that may be restricted from disclosure by law. We may decline to disclose certain PHI in cases where the disclosure might have an adverse effect on the safety and health of a person other than you. In some circumstances, you may have the opportunity to appeal our decision to not to permit you to access or copy your PHI.

- ▶ *Right to Request Amendments.* You have the right to request amendments of any of your PHI maintained by us if, for instance, you feel your records are inaccurate or incomplete. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- ▶ *Right to Accounting of Disclosures.* Upon written request, you may receive an accounting of certain disclosures of your PHI made in the six years before your request. This accounting does not include disclosures for treatment, payment, and health care operations, and other disclosures that the law does not require us to list. You may request an accounting of disclosures of your SUD records that were made with your written consent for the

preceding three years.

- ▶ *Right to Paper Copy of Notice.* You have the right to obtain a paper copy of this notice, even if you have elected to receive it electronically.

4. INFORMATION BLOCKING

The 21st Century Cures Act includes provisions to promote health information interoperability and prohibit blocking by healthcare providers. Information Blocking occurs when a health care provider that, except as required by law or specified as a reasonable and necessary activity, is likely to interfere with access, exchange, or use of electronic health information (EHI).

VNAHG CHC shall adhere to The Cures Act to support patients' access to their EHI in a form convenient for patients, such as making a patient's EHI more electronically accessible through the adoption of standards and certification criteria and shall support patient electronic access to their health information at no cost.

VNAHG CHC practices shall not be treated as information blocking if VNAHG CHC satisfies any exception noted below to the information blocking provision:

- **Preventing Harm Exception:** It will not be information blocking for an actor to engage in practices that are reasonable and necessary to prevent harm to a patient or another person, provided certain conditions are met.
- **Privacy Exception:** It will not be information blocking if an actor does not fulfill a request to access, exchange, or use EHI in order to protect an individual's privacy, provided certain conditions are met.
- **Security Exception:** It will not be information blocking for an actor to interfere with the access, exchange, or use of EHI in order to protect the security of EHI, provided certain conditions are met.
- **Infeasibility Exception:** It will not be information blocking if an actor does not fulfill a request to access, exchange, or use EHI due to the infeasibility of the request, provided certain conditions are met.
- **Health IT Performance Exception:** It will not be information blocking for an actor to take reasonable and necessary measures to make health IT temporarily unavailable or to degrade the health IT's performance for the benefit of the overall performance of the health IT, provided certain conditions are met.
- **Content and Manner Exception:** It will not be information blocking for an actor to limit the content of its response to a request to access, exchange, or use EHI or the manner in which it fulfills a request to access, exchange, or use EHI, provided certain conditions are met.
- **Fees Exception:** It will not be information blocking for an actor to charge fees, including fees that result in a reasonable profit margin, for accessing, exchanging, or using EHI, provided certain conditions are met.

- **Licensing Exception:** It will not be information blocking for an actor to license interoperability elements for EHI to be accessed, exchanged, or used, provided certain conditions are met.

If you encounter any issues with receiving your protected health information, you can contact us directly at:

- Medical Records Department
 - Telephone: (800) 862-3330 Fax (732) 784-9708
 - Email: MedicalRecordsMgr@vnahg.org

You may also send a report to:

- Office of the National Coordinator for Health Information Technology (ONC)
 - U.S. Department of Health and Human Services
 - 330 C St SW
 - Floor 7
 - Washington, DC 20201
 - Telephone: 202-690-7151
 - Email: onc.request@hhs.gov

Applicable requirements and conditions to these exceptions are detailed at <https://www.healthit.gov/cures/sites/default/files/cures/2020-03/InformationBlockingExceptions.pdf>

If you would like to exercise any of these rights, send a written, detailed request to the address below. As noted above, we may deny particular requests under certain circumstances. If we deny a request, you will receive a written explanation detailing the reason for the denial and you may also have the opportunity to appeal our denial of your request.

Complaints. Should you believe that your privacy rights have been violated, you may send a written complaint detailing the circumstances of the violation to the following address:

Privacy Official, VNA Health Group
23 Main Street, STE D1
Holmdel, NJ 07733.

You may also send a complaint to:
Secretary of the Office of Civil Rights:
200 Independence Ave, SW Room 509F, HHH Building,
Washington DC 20201

You may also file a complaint with the appropriate federal agency responsible for enforcing 42 CFR Part 2 if you believe your SUD privacy rights have been violated.

We will not retaliate against you for filing such a complaint. Should you require any further information regarding this notice, please contact the VNAHG CHC Compliance Hotline at 844-944-3418.

REF: www.hhs.gov/ocr/privacy/hipaa
www.jerseyhealthconnect.org
<https://clinisync.org/patient-choice/>
<https://www.florida-hie.net/for-patients/>
<https://www.healthit.gov/topic/information-blocking>
<https://www.federalregister.gov/documents/2020/05/01/2020-07419/21st-century-cures-act-interoperability-information-blocking-and-the-onc-health-it-certification>
<https://www.healthit.gov/cures/sites/default/files/cures/2020-03/InformationBlockingExceptions.pdf>
<https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>
<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-2>
HHS OCR/SAMHSA Part 2 Final Rule Fact Sheet (updated Jan 30, 2026), including links to the Federal Register and eCFR. [hhs.gov]

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VISITING NURSE ASSOCIATION HEALTH GROUP AND AFFILIATES

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I, _____ hereby acknowledge that I have received VNAHG CHC's notice of
Print Name
privacy practices for _____.
Patient

Signature of Patient or Patient's Authorized
Representative

Date

