

Fall General Surgery, LLC Summary Notice

I acknowledge that I have received from Fall General Surgery, LLC a written notice of Fall General Surgery, LLC's privacy practices for protected health information. I acknowledge that the written notice contains a description of how medical information about me may be used and disclosed and how I may access this information. I acknowledge that the notice also contains:

- A description of the types of uses and disclosures that Fall General Surgery, LLC is permitted to make for treatment, payment or health care operations with or without my written authorization
- A description of each of the other purposes for which Fall General Surgery, LLC is permitted or required to use or disclose protected health information without my written authorization
- A description of uses or disclosures that may be limited or prohibited by law
- The description contains sufficient detail to make me aware of the uses or disclosures that are permitted or required by the federal privacy rule and other applicable law
- A statement describing my individual rights with respect to my health information and a description of how I may exercise this right
- A statement describing the Fall General Surgery, LLC duties under the federal privacy law
- A statement describing how I may express concern to the Fall General Surgery, LLC and the Secretary of the Department of Health and Human Services if I believe my privacy rights have been violated
- I have received information explaining how to contact Fall General Surgery, LLC for further information and the effective date which the notice is first in effect

Signed _____ Date _____

Minor Patient Name _____

Please note that for us to release information to family members you must sign a release of information form; this does include spouses. Just ask the receptionist for the form.