

# FARNES

## Notice of Privacy Practices for Farnes Centre & Human Performance Awareness Institute

Effective Date: April 14, 2003

### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the practice. We need this record to provide you with quality care and to comply with certain legal requirements.

Please list family members or others with whom we may discuss your medical information:

Name of family member	Relationship	Your initials
_____	_____	_____
_____	_____	_____
_____	_____	_____

Our **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed and, how you can access your information.

**By my signature below I acknowledge receipt of the Notice of Privacy Practices.**

\_\_\_\_\_  
Patient or legally authorized individual signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name, if signed on behalf of the patient

\_\_\_\_\_  
Relationship to patient