



Janet Corbit-Drakulich, O.D., M.Ed. • 2874 N. Carson St., Suite 210 • Carson City, NV 89706 • 775.887.8866 • Fax 775.283.3245

NOTICE OF RETENTION

This notice is to advise you that your medical records will be retained for a period of 5 years. If you are under the age of 18 at the time of the first visit, then the records will be kept for a period of 5 years starting with the first date of treatment following your 18th birthday. For current patients, the 5 year retention period begins on the date of the last treatment by the doctor or 5 years from the date you become 18 years of age.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Statements* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name _____

Signature: _____ Date: _____

Name & Relationship to Patient (print): _____

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason:
-------	-----------	---------