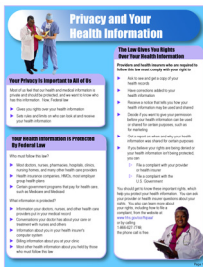




# AUBURN PEDIATRIC AND ADULT MEDICINE

## PRIVACY POLICY

Our personal health information is protected by federal law, and by the caregivers we trust with it. We take this trust very seriously at Auburn Pediatric and Adult Medicine, and have taken great pains to assure that confidential records are kept private. Along with this form, you have been given a summary of the laws governing the privacy of your personal health information—pages that look like the following images:



After you read over these rights and responsibilities, we ask that you sign below stating that you were presented and understand these privacy rules. You may request a personal copy of these pages, or more detailed information about your rights, if you would like. Additional information is available at <http://www.hhs.gov/ocr/privacy/>.

You have the right to request a copy of your personal records at any time. Please allow an appropriate amount of time for such copies to be made—usually one working day. We charge \$1 per page for the first 25 pages, and \$0.50 for each additional page, to cover the administrative costs of duplicating medical records.

By signing below, you also give us permission to collect personal health information (including such things as vital signs, medical information, photographs, tissues, bodily fluids) for the purpose of providing you, or your dependent, with quality healthcare. Your signature below authorizes us to leave information regarding your visits on your home answering machine or cellular voice mail service.

Please list below anyone that you give permission for us to discuss this personal health information with. (For dependents, please list any non-parental caregivers who may bring them to our office, showing that you permit us to treat them without your presence.)

---



---

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient / Guardian Signature

\_\_\_\_\_  
Date