



DAVID R. HANTKE, M.D., INC.
David R. Hantke, M.D., F.A.C.S.

Notice of Privacy Practices Acknowledgement

This office keeps our patients' personal financial and health information private, as required by law.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully and sign below.

Several different types of information may be obtained, such as name, address, age, diagnosis and insurance coverage. These are necessary to carry out health care activities and such information is also disclosed for purposes of obtaining payment from insurance companies and for other health care operations, including but not limited to reviewing the quality of care and type of services that you seek. Information about you may also be shared with regulators for audits and for other proceedings as required by law.

Your authorization is necessary before using any of your personal medical information for any other purpose.

Under the privacy regulations, you have the right to obtain a copy of the information we have about you. You also have the right to ask us not to use your health information for payment or other healthcare operation activities. However, we are not required to agree to these requests. You also have the right to receive a list of disclosures of your health information.

You have the right to receive a copy of this notice. Additional privacy information is available upon request and is posted for your review in this office.

Thank you.

Signed: _____

Date: _____

OFFICIAL 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:
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