

Notice of Privacy Practices Acknowledgement

Sound Family Medicine (SFM) keeps records of all healthcare services we provide you and are required by state and federal law to keep this information confidential. You may ask to see, receive a copy of, and/or update your records upon request. SFM will not disclose your records to others unless you direct us to do so in writing, or the law authorizes or compels us to do so.

If you would like Sound Family Medicine to allow another party to have access to your healthcare information you may complete our Authorization to Release or Disclose Health Care Information form that is available by request at any of our locations, or on our website soundfamilymedicine.com.

For Minors: A minor's signature is required to disclose information related to reproductive care (at any age), sexually transmitted diseases (14 years and older), HIV/AIDS (14 years and older), drug and/or alcohol abuse (13 years and older), and mental health or illness (13 years and older).

A copy of our **Notice of Privacy Practices** is available at all Sound Family Medicine locations upon request and on our website, soundfamilymedicine.com.

By signing below, I acknowledge that I have read and understand Sound Family Medicine's Privacy Practices.

Patient's Signature (required for age 13 or older)

Date

Patient's Printed Name

Date of Birth

Representative's Printed Name (if not signed by patient)

Relationship to Patient