

Princeton Hypertension– Nephrology Associates, LLC

HIPAA AUTHORIZATION FORM

HIPAA

The **Health Insurance Portability and Accountability Act** of 1996 (HIPAA) is a federal law, which contains rules about how we can use your medical information with, and without, your prior permission. It also gives patients new rights with respect to the privacy of their medical information. We are obligated by law to make available to you our Notice of Privacy Practices, which explains our duties and your rights, and to get a written acknowledgement from you that you have received this information. ***The Receptionist has copies of the Notice of Privacy Practices if you would like to review them. You also can go to our website at:***

<http://hypertension-nephrology.com/>

To learn more about HIPAA, visit the *United States Department of Health and Human Services* website at:

<http://www.hhs.gov/ocr/privacy/hipaa/administrative>

I understand a copy of the Princeton Hypertension– Nephrology Associates, LLC Notice of Privacy Practices is available for my review.

Patient's Signature

Date