

Patient Privacy Notice

This **patient privacy notice form** sample for healthcare ensures clear communication about how personal health information is collected, used, and protected. It helps healthcare providers comply with regulations and maintain patient trust. Use this form as a template to inform patients of their privacy rights effectively.

Notice of Privacy Practices

Effective Date: [Insert Date]

Your Rights

- You have the right to get a copy of your medical record.
- You have the right to request a correction to your medical record.
- You can ask us to limit what we use or share regarding your health information.
- You have the right to request confidential communications.
- You have the right to obtain a list of those with whom we've shared your information.
- You can choose someone to act for you.
- You have the right to file a complaint if you feel your rights are violated.

Our Responsibilities

- We are required by law to maintain the privacy and security of your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice.
- We will not use or share your information other than as described here unless you tell us we can in writing.

How We May Use and Share Your Information

- For treatment, payment, and healthcare operations
- To comply with law and public health requirements
- For research (with your consent, when required)
- To respond to organ and tissue donation requests
- To work with medical examiners or funeral directors
- For workers' compensation, law enforcement, and other government requests

Contact Information

If you have questions about this notice, please contact:

Privacy Officer: [Insert Name]

Phone: [Insert Phone Number]

Email: [Insert Email Address]

By signing below, you acknowledge that you have received and read this notice.

Patient Name: _____

Signature: _____

Date: _____