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www.centerforpainmanagement.org

I understand that under the **Health Insurance Portability & Accountability Act of 1996 (HIPAA)**, I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up care among the multiple healthcare providers who may be involved in that treatment directly or indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I have received your **Notice of Privacy Practices** containing a more complete description of the uses and disclosures of my protected health information. I understand that the Center for Pain Management healthcare facility has the right to change its **Notice of Privacy Practices** from time to time and that I may contact this facility at any time at the address above to obtain a current copy of the **Notice of Privacy Practices**.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or healthcare operations. I also understand you are not required to agree to my requested restriction, but if you do agree then you are bound to abide by such restrictions. I understand that I may revoke this consent in writing, except to the extent that action has already been regarding the consent.

YES NO

- _____ _____ Permission to leave appointment Information on an answering machine or with a family member.
- _____ _____ Permission to discuss treatment options with spouse, parent, legal Guardian, or other third parties as listed below.

Name(s) of third party/parties you have approved our office to discuss your health information with:

Patient Name: (Please Print) _____

Signature of Patient _____ Date _____
 or Legal Representative

Office Use Only

I attempted to obtain the patient's signature in acknowledgment on this **Notice of Privacy Practices Acknowledgment**, but was unable to do so as documented below:

Date:	Initials:	Reason: