

Morris Ahdoot, M.D., Inc.
15775 Laguna Canyon Rd., Ste. 200
Irvine, CA. 92618

We understand that medical information about you and your health is personal. As the custodians of the information in your medical record, we are committed to protecting the privacy of your information as required by law, professional accreditation standards and our internal policies and procedures.

Please understand that this summary is not our Notice of Privacy Practices, nor is it a substitute for the notice. Attached is your personal copy of our Notice of Privacy Practices. This notice explains your rights, our legal duties and our privacy practices. It also describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Notice of Privacy Practices includes sections on:

Our Pledge, Your Personal Information, Our Privacy Practices, How We May Use or Share Your Information, Special Circumstances and the Law;; How you give permission to use your information, Other Restrictions, Your Rights, Changes to your records, and Filing Questions or Complaints.

We ask that you sign and return this cover letter to us for our records. Your signature only acknowledges that we have provided you a personal, paper copy of our Notice of Privacy Practices as required by law. The law also requires us to document the fact that we have distributed the notice by collecting and retaining these signed acknowledgements.

If, after reviewing the notice, you decide that you do not want to retain your paper copy, please return it to our receptionist and we will recycle it.

I hereby acknowledge receipt of the Notice of Privacy:

_____ Signature _____ Printed Name _____ Date

Communication: General office policy is that no information, (diagnoses, lab results, answers to questions, etc.) may be left with anyone but, the patient. We realize that many patients may find multiple methods of communication acceptable, even though total confidentiality cannot be guaranteed.

Below is a list of communication options. Please place a check mark next to the methods that are acceptable means of communication information on the line provided. Please understand that by checking a box, you are granting us permission to **communicate any and all information to you in this manner.** Again, a check mark means that we can leave information in that manner. If in doubt, we recommend not checking a box.

Home Answering Machine or Voicemail: _____ Acceptable

Office Voicemail: _____ Acceptable

Cell Phone Voicemail: _____ Acceptable

Message with Spouse: _____ Acceptable

_____ Signature _____ Printed Name _____ Date

