3337 north halsted street
chicago, Illinois 60657
t.773.755.4343 f.773.755.8332
info@idchicago.com www.idchicago.com

NOTICE OF PRIVACY

I, _____ have received this practice's **NOTICE OF PRIVACY**. The notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, and the practice's legal duties with respect to my protected health information.

I understand that this practice reserves the right to change the terms of its **NOTICE OF PRIVACY** and to make new provisions effective for all protected health information that it maintains. I understand that I can obtain this practice's current **NOTICE OF PRIVACY** on request.

_____
Signature

_____
Date

_____
Relationship to Patient
(if signed by a personal representative of patient)